

Name  
in  
Full

Henrietta Addison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

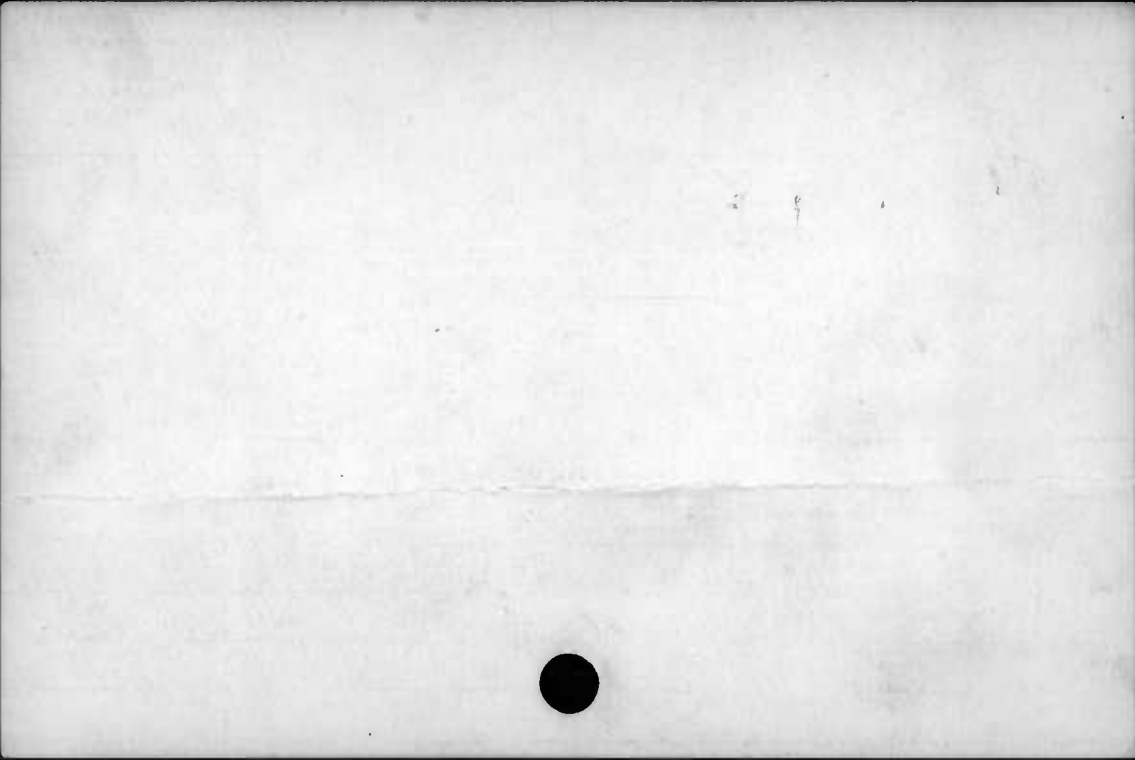
Died at <i>Brothens</i>		Town <i>Odenton</i>		County <i>a. a. Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>21st</i>	Age <i>fifty three</i>		Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Cblored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Wauagh Chapel Md</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>alfred Addison</i>		<i>Henrietta Addison</i>				
Father's Name <i>Charles Wallace</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Rosa Smith</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Richard Zoogood</i>	How related to deceased <i>Son X</i>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Dilated heart</i>	How long <i>2 years</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. J. McNamee</i>
	Address <i>Odenton Md</i>
Accident or Suicide?	



Name  
in  
Full

Wm Arnold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

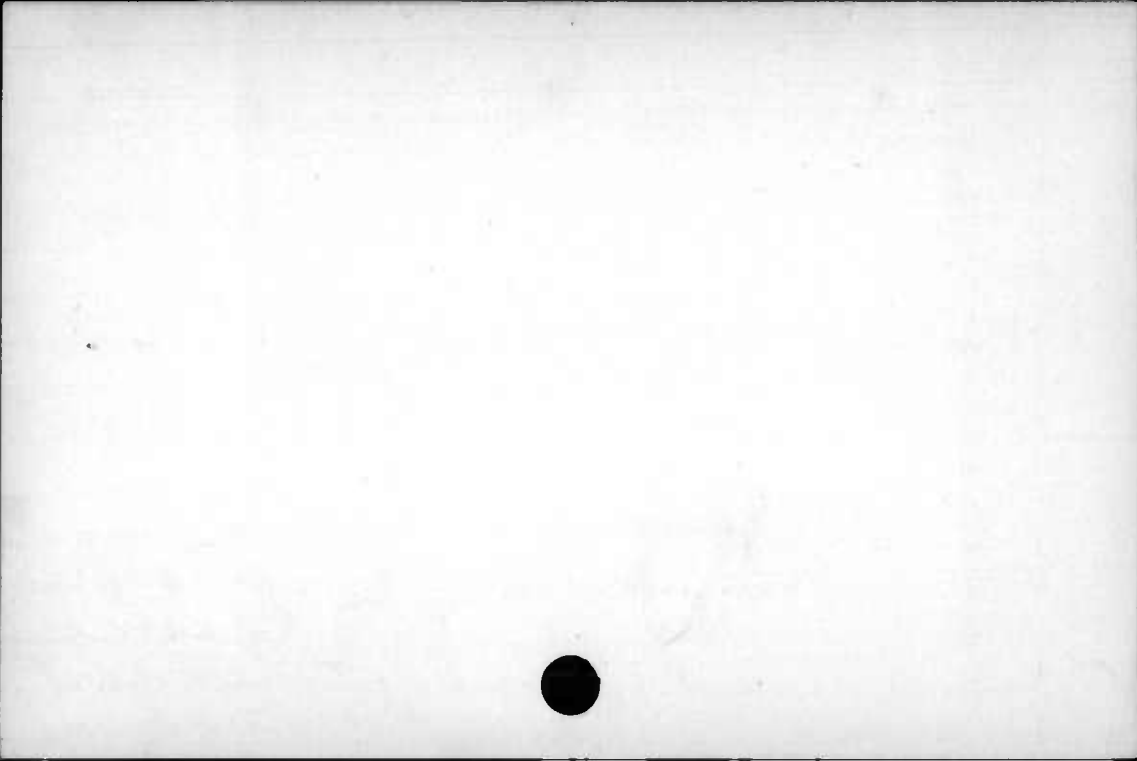
Died at <u>Brooklyn</u> Town		County <u>am</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>8</u>	Day <u>6</u>	Age	Years	Months <u>3</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>ma</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband				
Father's Name <u>Richard Arnold</u>		Father's Birthplace <u>ma</u>				
Mother's Maiden Name <u>Emily C Lane</u>		Mother's Birthplace <u>ma</u>				
Name of person giving information <u>Richard Arnold</u>		How related to deceased <u>Father</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enteritis</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas H Brooke</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Harry A Barnett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

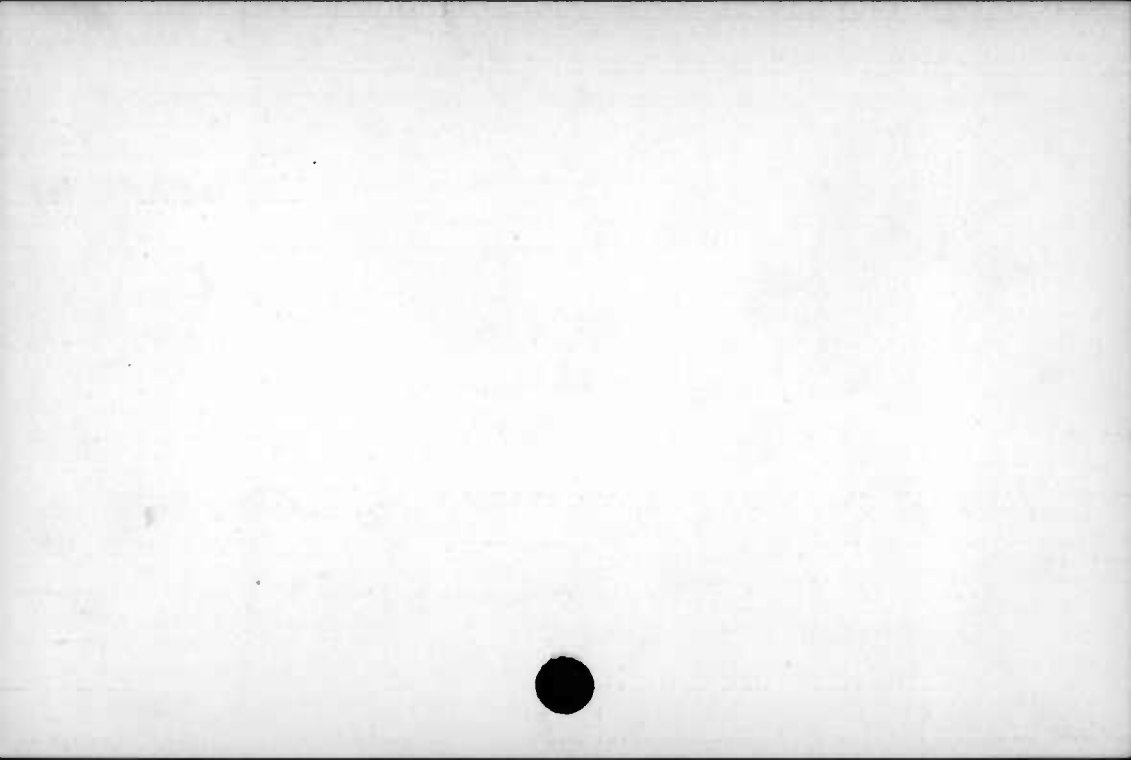
Died at		Town Annapolis		County A. D. Co.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908 Aug			18		24		
Sex Female		Color or Race Negro		Birth-place Annapolis			
Occupation House Work		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Ellen Barnett				Father's Birthplace Annapolis			
Mother's Maiden Name A. Brown				Mother's Birthplace ..			
Name of person giving information Ritch Barnett				How related to deceased Bro			

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary	Eclampsia Puerperal		How long	24 hrs.
Immediate	Hemorrhage		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician R. D. Keebler	
			Address 60 Cathedral St Annapolis Md	
Accident or Suicide?				



Name  
in  
Full

Harry Oliver Basil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

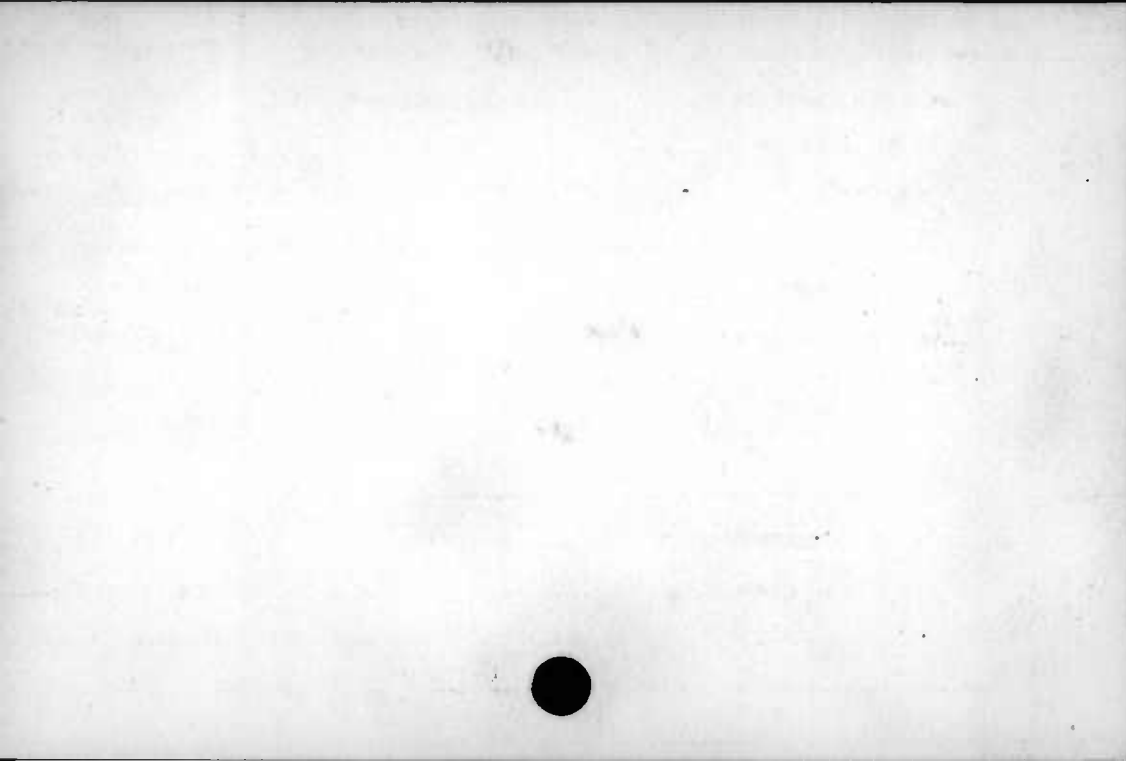
Died at <sup>Town</sup> Annapolis		<sup>County</sup> a d Co.		MARYLAND								
Date of death	1908	Month	August	Day	28	Age	1	Years	1	Months	14	Days
Sex	Male	Color or Race	White	Birth-place				Annapolis				
Occupation	None			Where Residing if not at place of death 25 West Street								
Married, Single or Widowed	Single			Name of Wife or Husband None								
Father's Name	Harry Basil						Father's Birthplace Annapolis					
Mother's Maiden Name	Annie Fritz						Mother's Birthplace Baltimore					
Name of person giving information	Harry Basil						How related to deceased Father					

## CAUSES OF DEATH

105

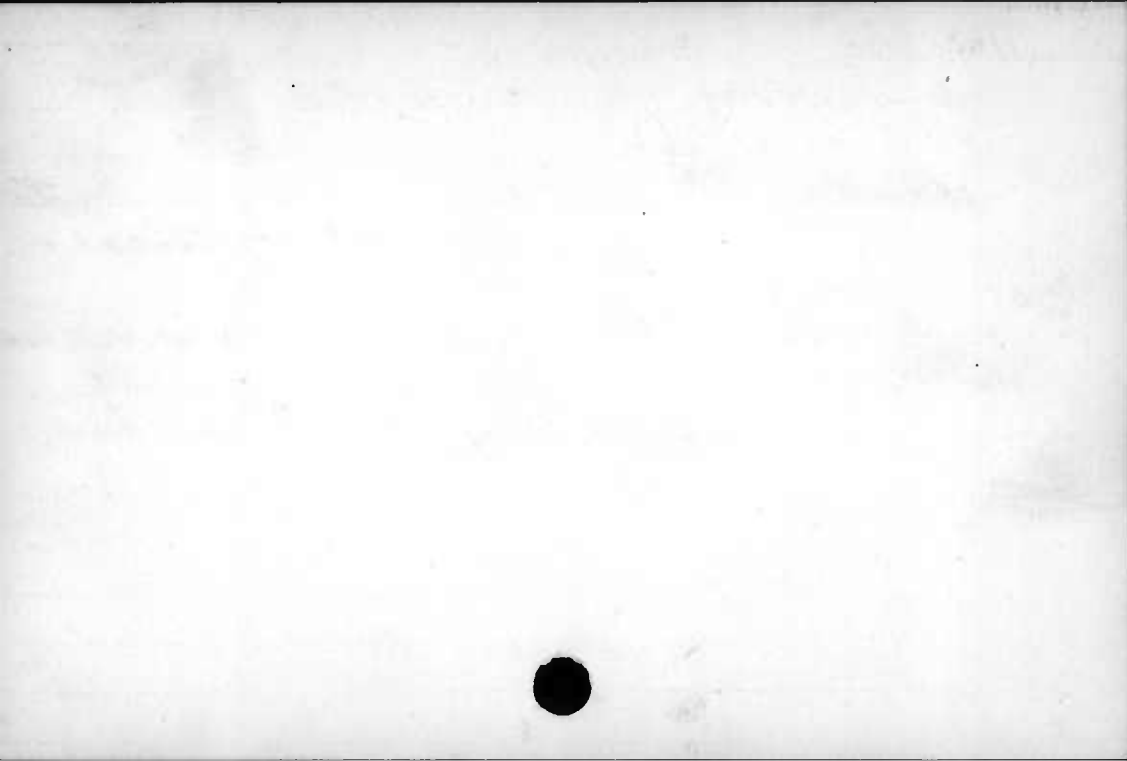
PHYSICIAN  
OR CORONER

Primary	Ileus - Colitis		How long	3 months
Immediate	Malnutrition & Debility		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	John P. Harris
			Address	Annapolis, Md.
Accident or Suicide?	No			





Name in Full		Marry Helen Beard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		A A Co.		MARYLAND	
	Date of death	1908	Aug	8	Age	6	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Annapolis	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	B W Beard				Father's Birthplace	A A Co. Md
	Mother's Maiden Name	Alice Brown				Mother's Birthplace	Annapolis
Name of person giving information	B W Beard				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>105</div>							
PHYSICIAN OR CORONER	Primary	Enter Colitis				How long	4 or 5 weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. Oliver Purvis
	Address					Address	Annapolis Md
Accident or Suicide?		No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Cassie Anne Elizabeth Boone

Town

County

MARYLAND

Died at Lake Shore

Anne Arundel

Date of death 1908 Aug

Day

Age 1

Months

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

Anne Arundel Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Luke Isiah Boone

Father's  
Birthplace

Anne Arundel Co

Mother's  
Maiden Name

Ida Benson

Mother's  
Birthplace

Anne Arundel Co

Name of person giving  
In formation

Luke Isiah Boone

How related  
to deceased

Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Summer Complaint

How long

2 weeks

Immediate

Exhaustion

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

James S Bellingslee MD  
Armiger  
Md.

Accident or Suicide?



Name  
in  
Full

Walter Brayan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

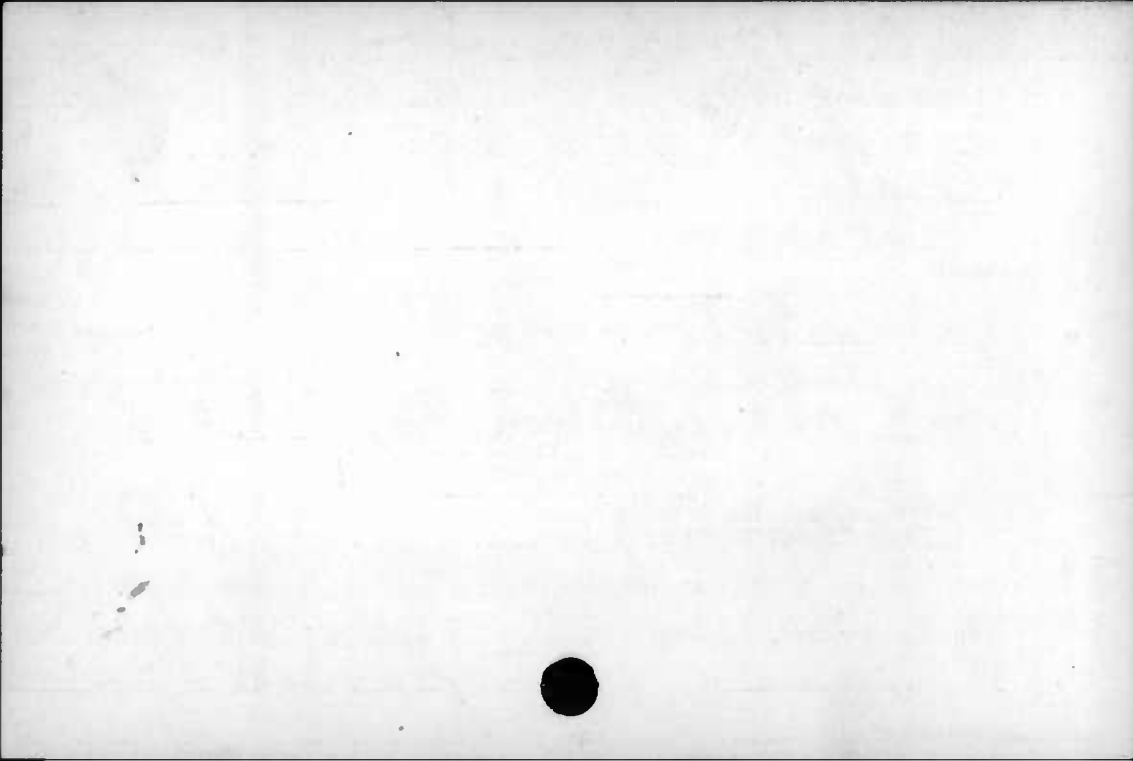
Died at <i>annapolis md</i>		Town <i>annapolis md</i>		County <i>a. a. co</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>aug</i>	Day <i>26<sup>th</sup></i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>annapolis md</i>		Occupation <i>—</i>		
Where Residing if not at place of death <i>45- Colthard st</i>							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Fredrick Brayan</i>		Father's Birthplace <i>annapolis md</i>					
Mother's Maiden Name <i>Maggie Phelps</i>		Mother's Birthplace <i>annapolis md</i>					
Name of person giving information <i>Maggie Phelps</i>		How related to deceased <i>mother</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Marginal Exhaustion</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Kildont</i>
Accident or Suicide?	Address <i>Annapolis Md</i>



Name  
in  
Full

Charles Brooks Sr

## CERTIFICATE OF DEATH

Died at *So. Balto* <sup>Town</sup>*a. a.* <sup>County</sup>

MARYLAND

Date of death *1908 Aug* <sup>Month</sup>

Day

Age *65* <sup>Years</sup>

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*md*

Occupation

*Laborer*Where Residing if not  
at place of death~~Married Single~~  
☒ WidowedName of Wife or  
Husband*Unknown*Father's  
Name*Edward Brooks*Father's  
Birthplace*Unknown*Mother's  
Maidan Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
In formation*Charles Brooks Jr*How related  
to deceased*Son*

## CAUSES OF DEATH

**104**

Primary

*Gastritis*

How long

*4 WEEKS*

Immediate

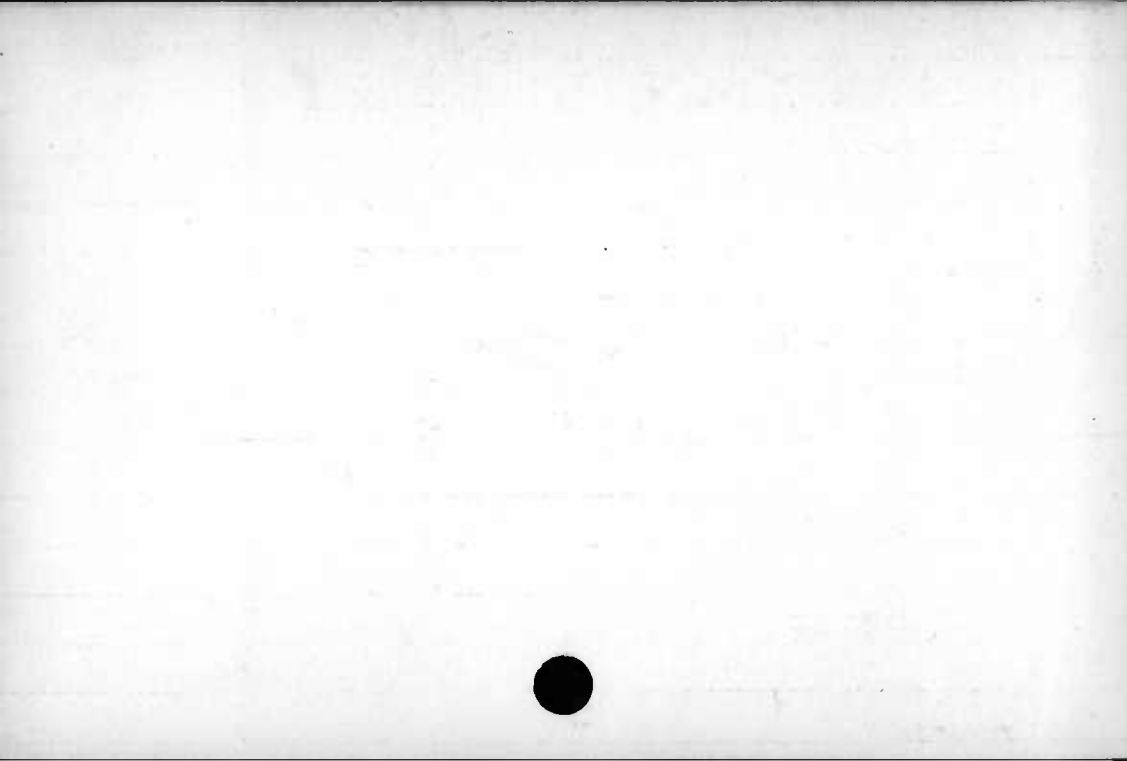
*Heart Failure*

How long

*Immediate*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Thos. B. Horton, Md  
So. Balto, Md*~~Accident or Suicide~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

*Brown*

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Annapolis* Town *St* County  
Date of death 1908 *August 21st* Month *21* Days *21*  
Sex *Male* Color or Race *Blk.* Birth-place *Annapolis*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

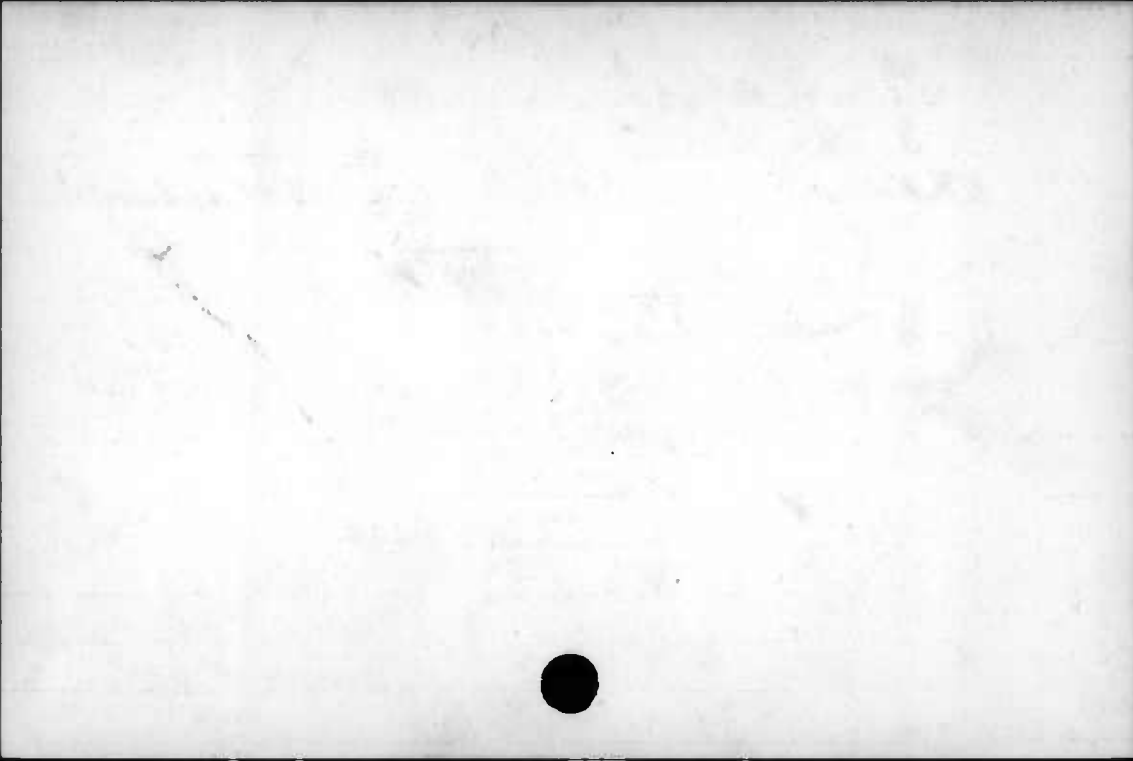
*John Brown*  
*Millie Cooper*  
*Mother*

*St. Co.*  
*St. Co.*

*Still-born*

*(S)*

*John Ridout*  
*Annapolis*  
*MD*



Name  
in  
Full

Eleanor Phoebe Childs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month <i>Aug.</i>	Day <i>6</i>	Years <i>34</i>	Months <i>10</i>	Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White.</i>		Birth-place <i>Friendship, Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William F. Childs.</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary C. Boswell.</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>William F. Childs Jr.</i>		How related to deceased <i>Brother.</i>					

## CAUSES OF DEATH

33

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Kidneys, Bladder &amp; Prostate</i>	How long <i>3 or 4 yrs</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Oliver Turner</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	<i>Md.</i>



Name  
in  
Full

Hilda Clarke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

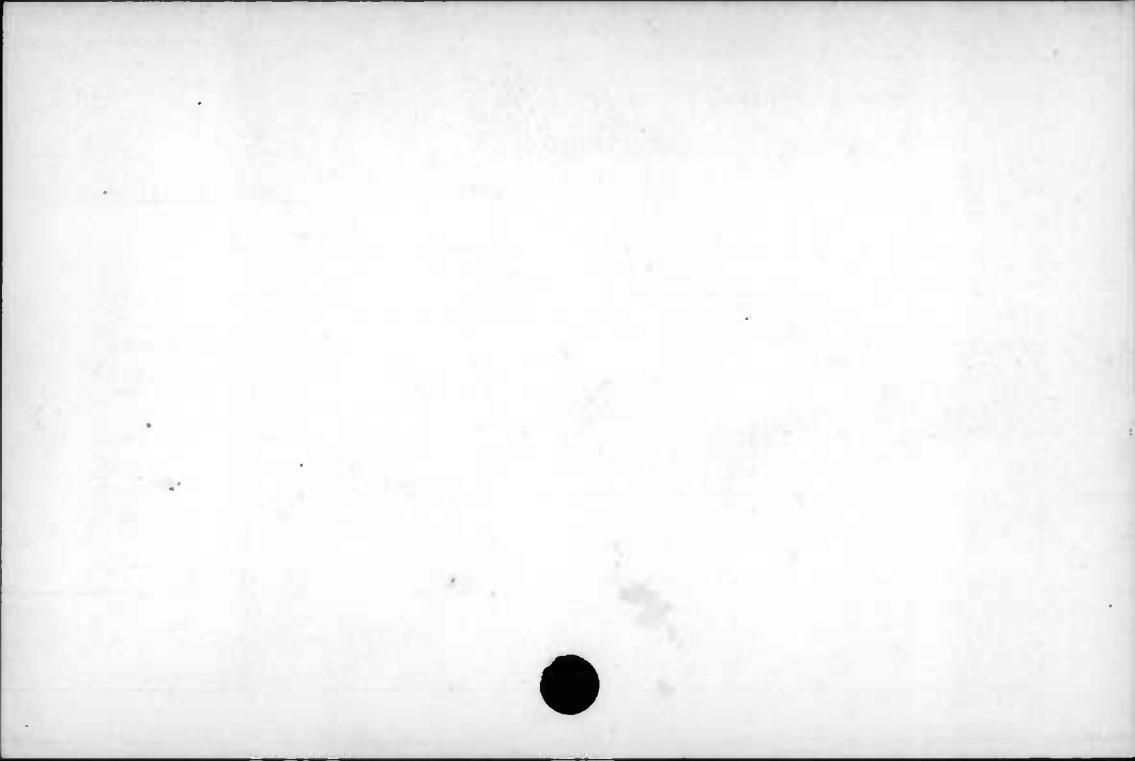
Died at <i>Armadillos</i> <sup>Town</sup>		<i>Arme</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Aug.</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Armadillos</i>		Occupation <i>—</i>	
Where Residing if not at place of death <i>—</i>			Married, Single or Widowed <i>Single</i>		
Name of Wife or Husband <i>—</i>			Father's Name <i>Samuel Clarke</i>		
Mother's Maiden Name <i>Maggie Richardson</i>			Father's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Samuel Clarke</i>			Mother's Birthplace <i>Armadillos Md</i>		
			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>mal nutrition</i>	How long <i>months</i>
Immediate <i>Marasmus</i>	How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ambrose Lancia M.D.</i>
	Address <i>12 Clay St</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Clara I Coats

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

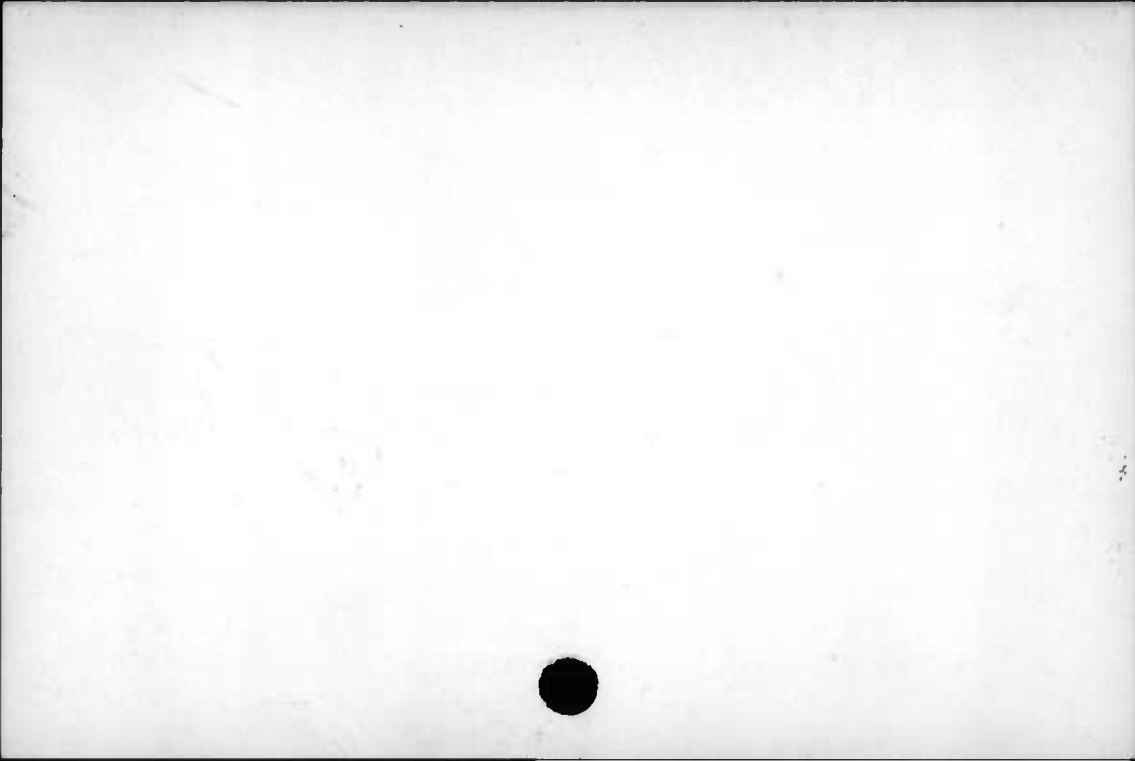
Died at <u>Shady Side</u> <small>Town</small>		<u>A</u> <small>County</small> <u>A</u>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>14</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Shady Side Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Chesfield Coats</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Etta Brown</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Chesfield Coats</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Margamus</u>	How long <u>4 months</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Gen. F. Hunt</u>
	Address <u>Chesfield</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

George Creamer

CERTIFICATE OF DEATH

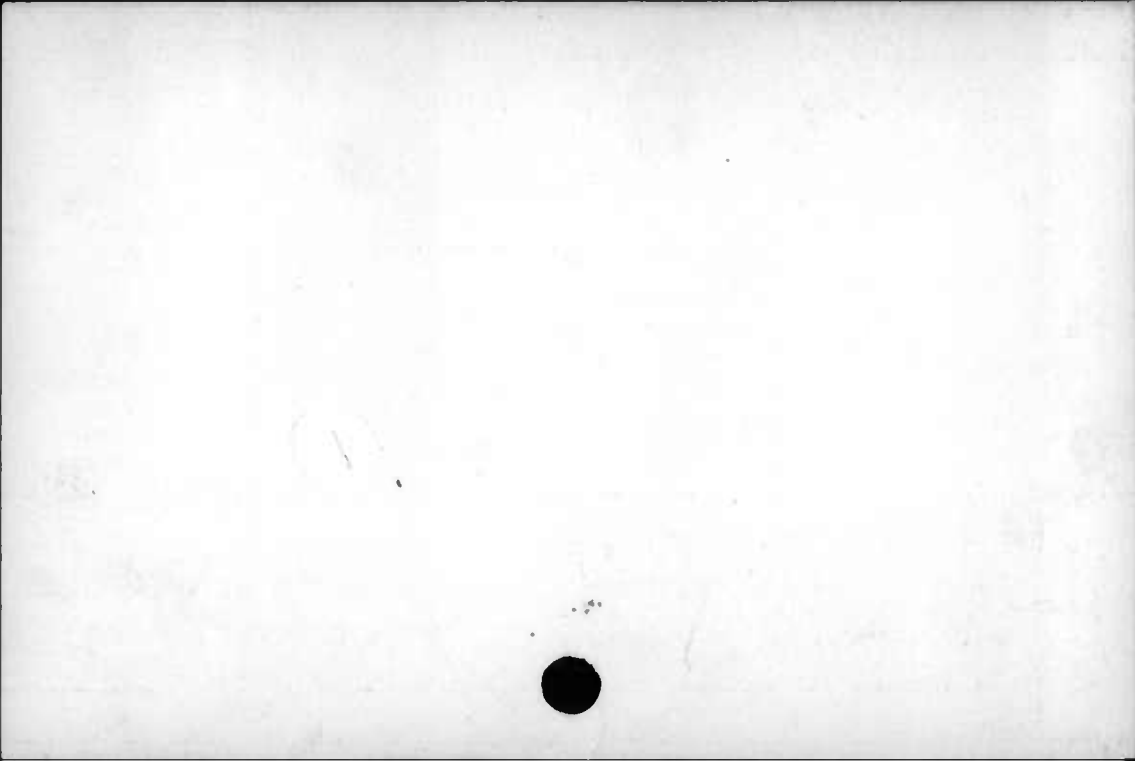
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Annapolis</i>		<sup>County</sup> <i>A. S. Co.</i>		MARYLAND	
Date of death	1908	Month	<i>Aug.</i>	Day	<i>23<sup>rd</sup></i>
Age	<i>32.</i>	Years	<i>9</i>	Months	<i>23</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Md.</i>
Occupation	<i>Steward</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elizabeth Creamer.</i>		
Father's Name	<i>George H. Creamer.</i>		Father's Birthplace	<i>Germany.</i>	
Mother's Maiden Name	<i>Fredericka Schütz</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Elizabeth Creamer</i>		How related to deceased	<i>Wife</i>	

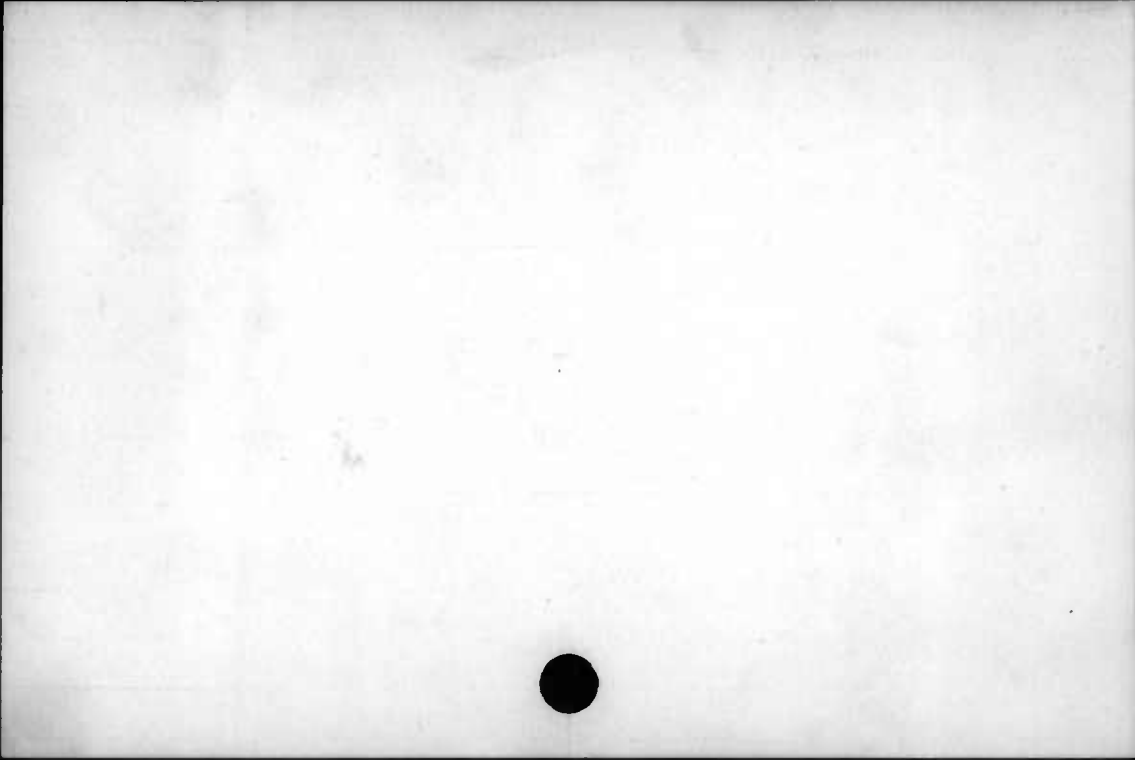
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Uremia Poisoning</i>	How long	<i>1 wk</i>
Immediate	<i>Acute Parenchymatous Nephritis</i>	How long	<i>Acute</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. J. Meehl</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Joseph Durik Jr		TOWN 99 County			
Died at		MARYLAND			
Date of death		Month Days			
1908 Aug. 27th		Age Years Months Days			
Sex Male		Color or Race White			
Occupation		Birth-place So. Balt.			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
Veronica Durik		Mother			
CAUSES OF DEATH					
167					
Primary Body burned by hot water					
Immediate Convulsions					
How long 6 hours					
Are the name, age, sex, color, date and place correctly given above?					
Signature of Physician					
Address					
So. Balt., Md.					
Accident or Suicide?					



Name  
in  
Full

Thomas Emory

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

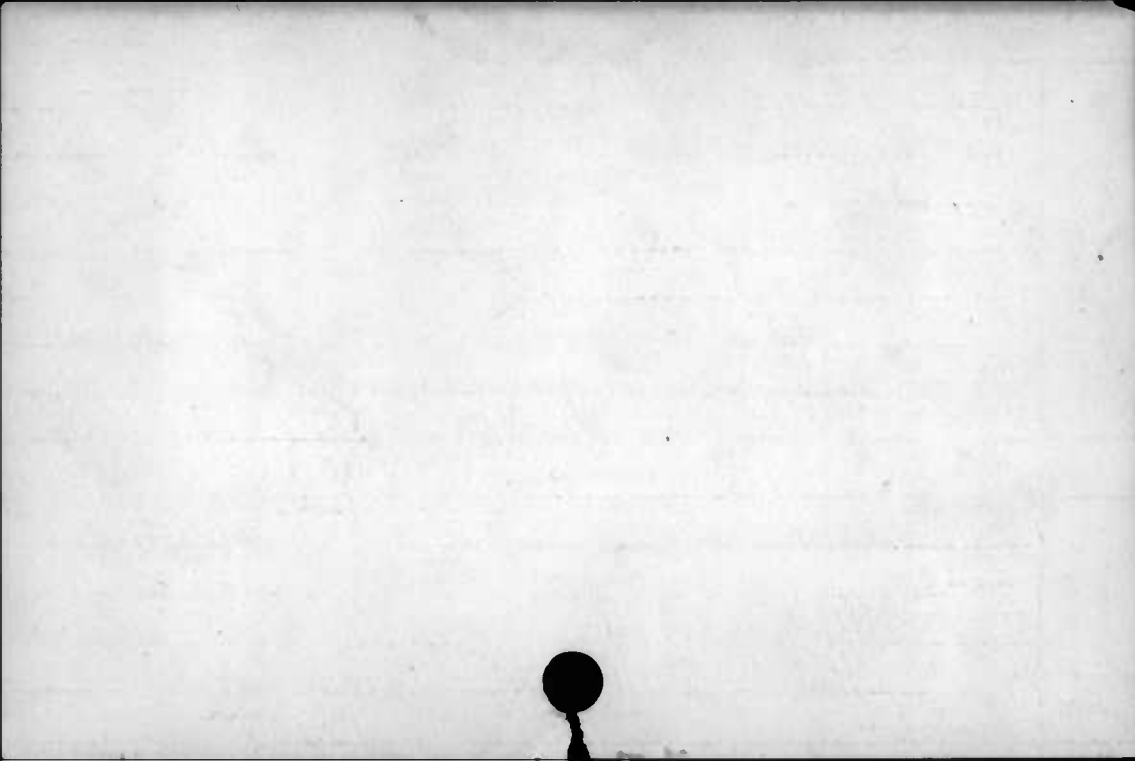
Died at <i>Fairasses</i>		Town		<i>A. A.</i>		County		MARYLAND	
Date of death <i>1908 Aug</i>		Month		Day <i>31</i>		Age <i>66</i>		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Phila.</i>		Months		Days	
Occupation <i>Merchant</i>				Where Residing if not at place of death <i>New York</i>					
Married, Single or Widowed <i>Widower</i>				Name of Wife or Husband <i>Percy McLeathly</i>					
Father's Name <i>Wm H. Emory</i>				Father's Birthplace <i>2 R. A. Co Md</i>					
Mother's Maiden Name <i>Martieda Rache</i>				Mother's Birthplace <i>Phila.</i>					
Name of person giving information <i>W. L. Emory</i>				How related to deceased <i>First Cousin</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>		How long <i>years</i>	
Immediate <i>Paralysis</i>		How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Hephner</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Peter Fedorovsk

## CERTIFICATE OF DEATH

MARYLAND

Died at *Sorsalti* Town*A* CountyDate of death *1908* Month *aug*Day *14*Age *one* Years

Months

Days

Sex *Male*Color or Race *white*Birth-place *777 ce*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Theopolis Fedorovsk*Father's Birthplace *Austria*Mother's Maiden Name *Lucy Romanus*

Mother's Birthplace

Name of person giving information *Theopolis Fedorovsk*How related to deceased *Father*

## CAUSES OF DEATH

179

Primary *Marasmus*How long *unknown*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

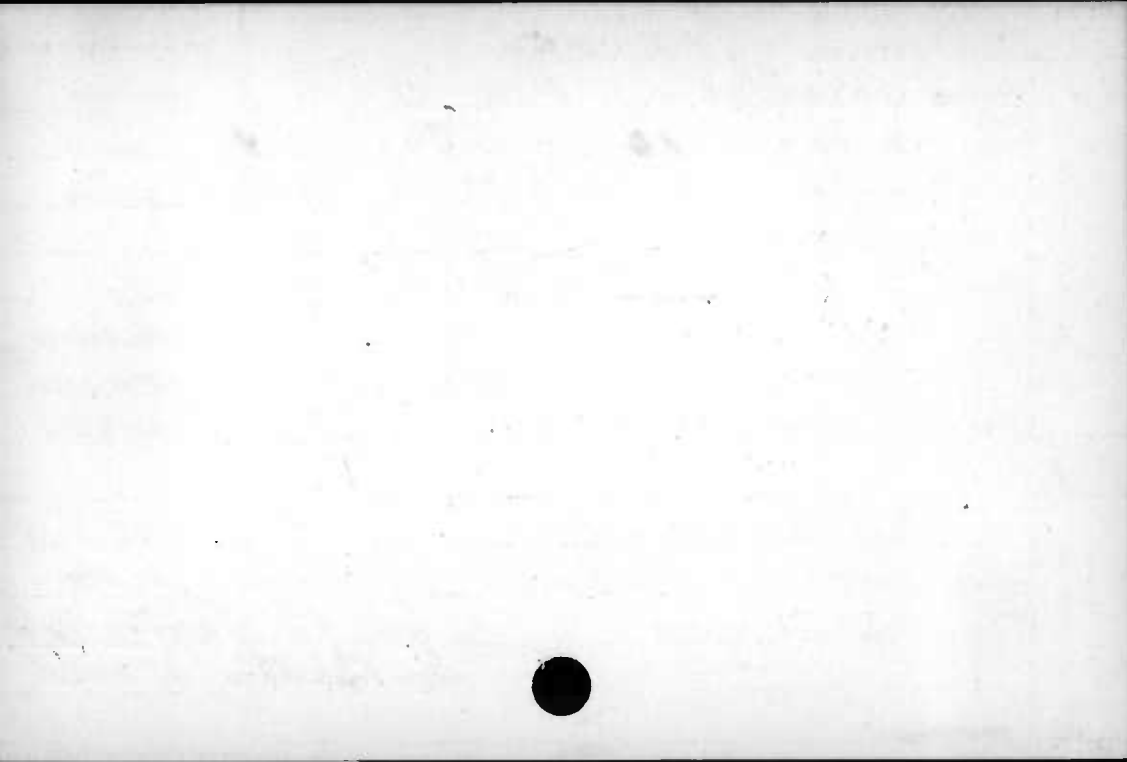
Signature of Physician

Address

*Thos. B. Norton MD  
So. Balty Md.*

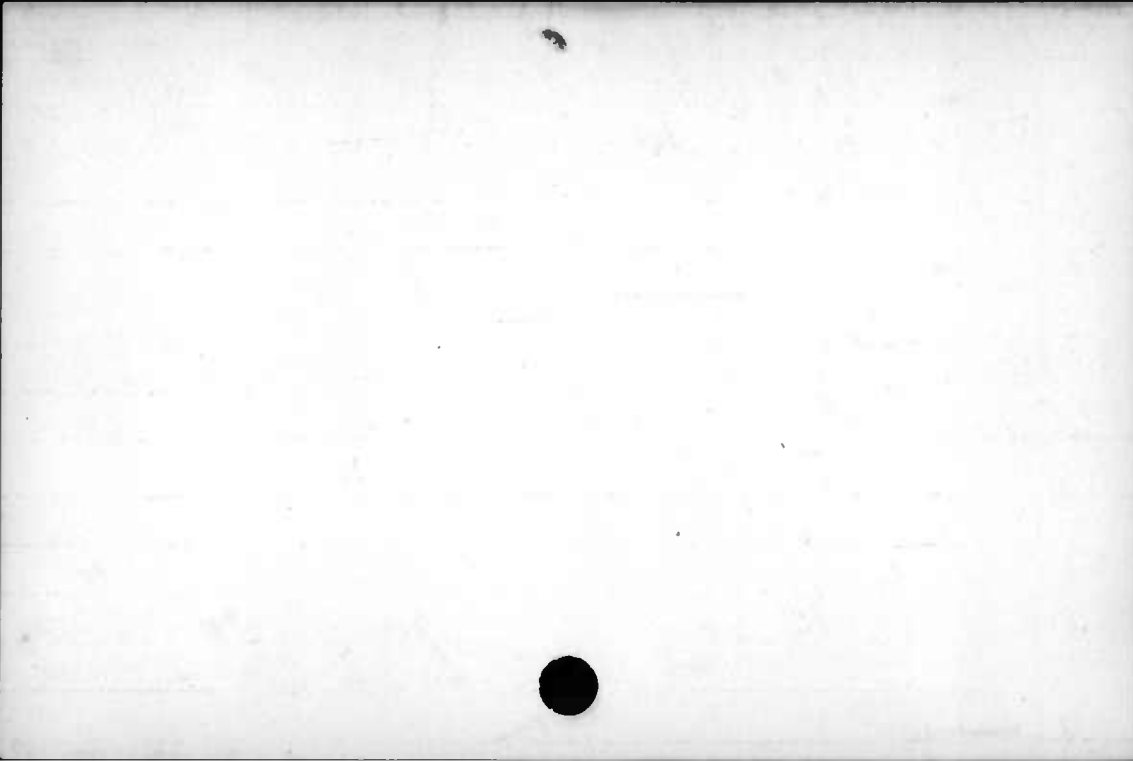
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		CERTIFICATE OF DEATH			
45 TO BE ANSWERED BY NEAREST FRIEND	Died at <i>So. Baltg -</i>		County <i>Pa. a -</i>		MARYLAND
	Date of death	1908 Aug	Day 14	Age 57	Months —
	Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth- place
	Occupation	<i>Housewife</i>		Where Residing if not at place of death	
	Married, <i>Yes</i>	Name of <del>Wife</del> Husband <i>Albert Francis</i>			
	Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
	Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
PHYSICIAN OR CORONER	Name of person giving In formation		<i>Sophia Arocan</i>		How related to deceased
	CAUSES OF DEATH				<b>119</b>
	Primary	<i>Acute Nephritis</i>		How long <i>9 months</i>	
Immediate	<i>Heart Failure</i>		How long <i>Immediate</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician	
				Address <i>So. Baltg - Md</i>	
Accident or Suicide?					



Name  
In  
Full

Irvin Lee Garey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

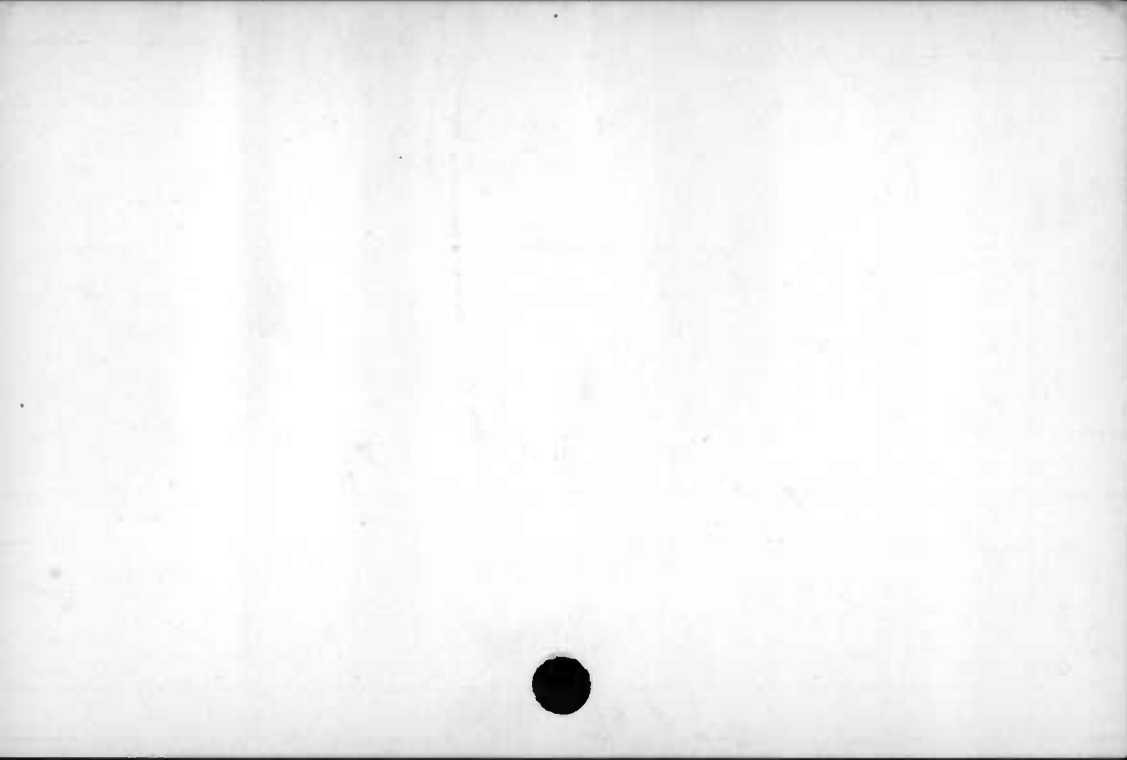
Died <i>near Willham</i> <sup>Town</sup>		<i>Ann</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1908</i> <sup>Month</sup>	<i>Aug</i> <sup>Day</sup>	<i>4</i> <sup>Age</sup>	<i>7</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>7</i> <sup>Days</sup>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ann Arundel Co Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>Winfield Garey</i>			Father's Birthplace	<i>Ann Arundel Co Md</i>		
Mother's Maiden Name	<i>Ethel Hill</i>			Mother's Birthplace	<i>Howard Co Md</i>		
Name of person giving information	<i>Joseph Garey</i>			How related to deceased	<i>Grand father</i>		

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<i>Sun stroke</i>	How long	<i>4 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C R Winterson</i>	
		Address	
		<i>Hanover Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

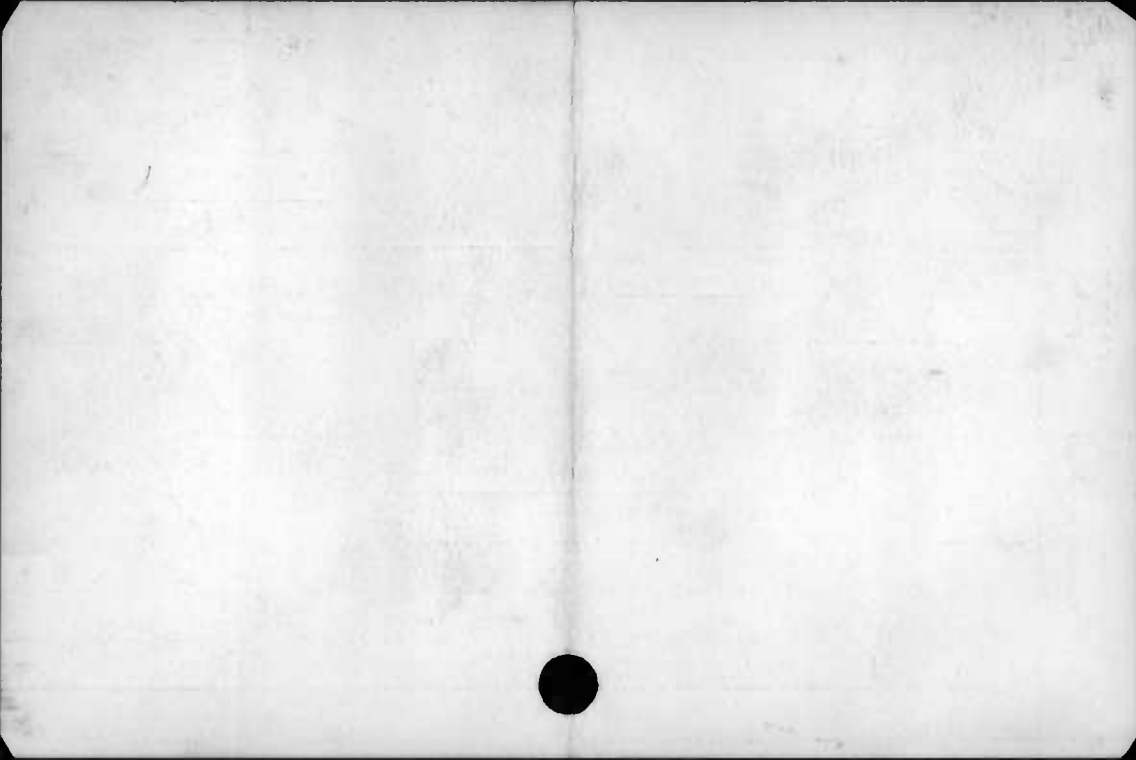
Died at <i>German town</i>		Town <i>German town</i>		County <i>At. Co.</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>18</i>	Age <i>1 yr</i>	Years	Months <i>9</i>	Days	
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>At. Co.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John Gaston</i>			Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Priscilla Robinson</i>			Mother's Birthplace <i>At. Co.</i>				
Name of person giving information <i>Mother</i>			How related to deceased				

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>Several days</i>
Immediate <i>Asplenic</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full		Rachel Latewood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Elvaton</i>		County <i>Anne Arundel</i>		MARYLAND		
	Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>13</i>	Years <i>50</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George W. Latewood</i>					
	Father's Name <i>John W. Lawrence</i>			Father's Birthplace <i>A. A. Co.</i>			
	Mother's Maiden Name <i>Presilla Lawrence</i>			Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>George W. Latewood</i>			How related to deceased <i>Husband</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">79</div>							
PHYSICIAN OR CORONER	Primary <i>Mitral Insufficiency</i>			How long <i>One year</i>			
	Immediate <i>Heart Failure</i>			How long <i>One week</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>James S. Billingsley MD</i>			
				Address <i>Anner Md.</i>			
	Accident or Suicide?						





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

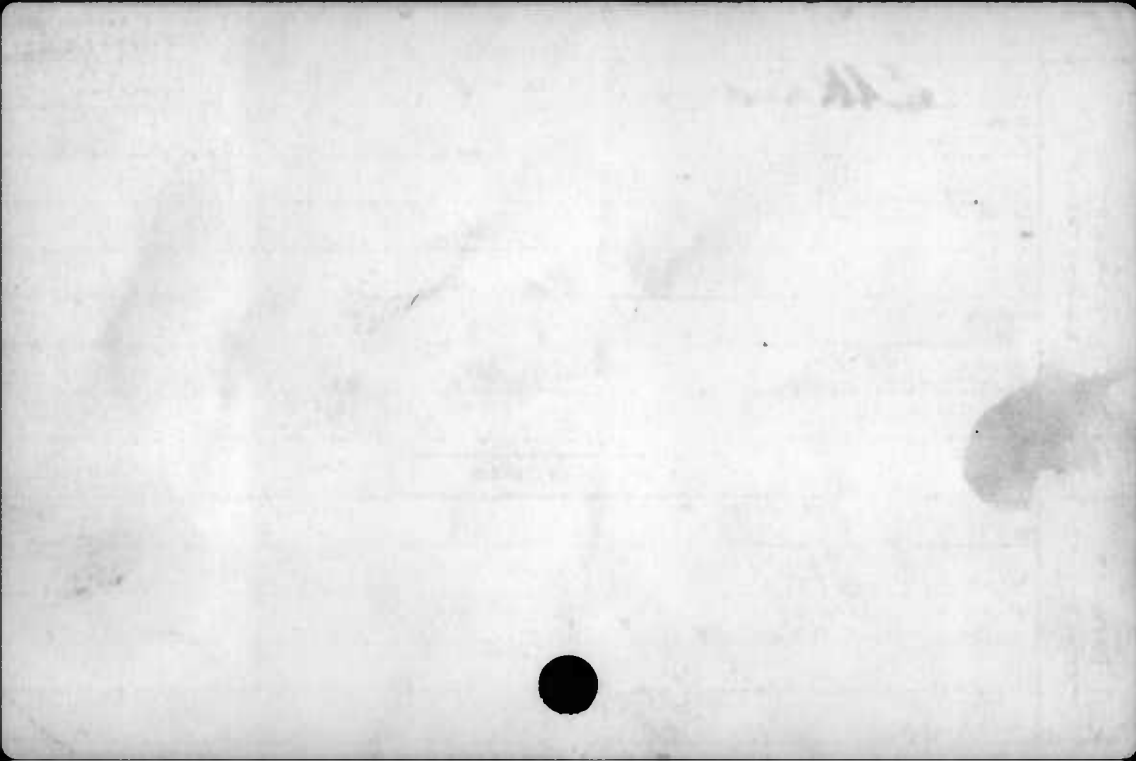
Died at <i>Elk Ridge</i>		County <i>AA</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>18</i>	Age <i>58</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Elk Ridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas German</i>				
Father's Name <i>John German</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Angelina Roberts</i>	Mother's Birthplace <i>md</i>				
Name of person giving information		How related to deceased <i>md</i>			

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Influenza of Bowels</i>	How long <i>3 years</i>
Immediate <i>Strangulation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Torgue</i>
	Address <i>Elk Ridge md</i>
Accident or Suicide? <i>L</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Welbourn</i> Town		<i>Anne</i> County		MARYLAND					
Date of death	<i>1908</i>	Month	<i>August</i>	Day	<i>31</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>A A Co Md</i>		
Occupation	<i>X</i>			Where Residing if not at place of death					
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband			<i>X</i>			
Father's Name	<i>Daniel Hall</i>					Father's Birthplace	<i>Prince George Co Md</i>		
Mother's Maiden Name	<i>Catherine Stewart</i>					Mother's Birthplace	<i>A A Co Md</i>		
Name of person giving information	<i>James Harris</i>					How related to deceased	<i>Son of <del>Father</del> Grand father</i>		

## CAUSES OF DEATH

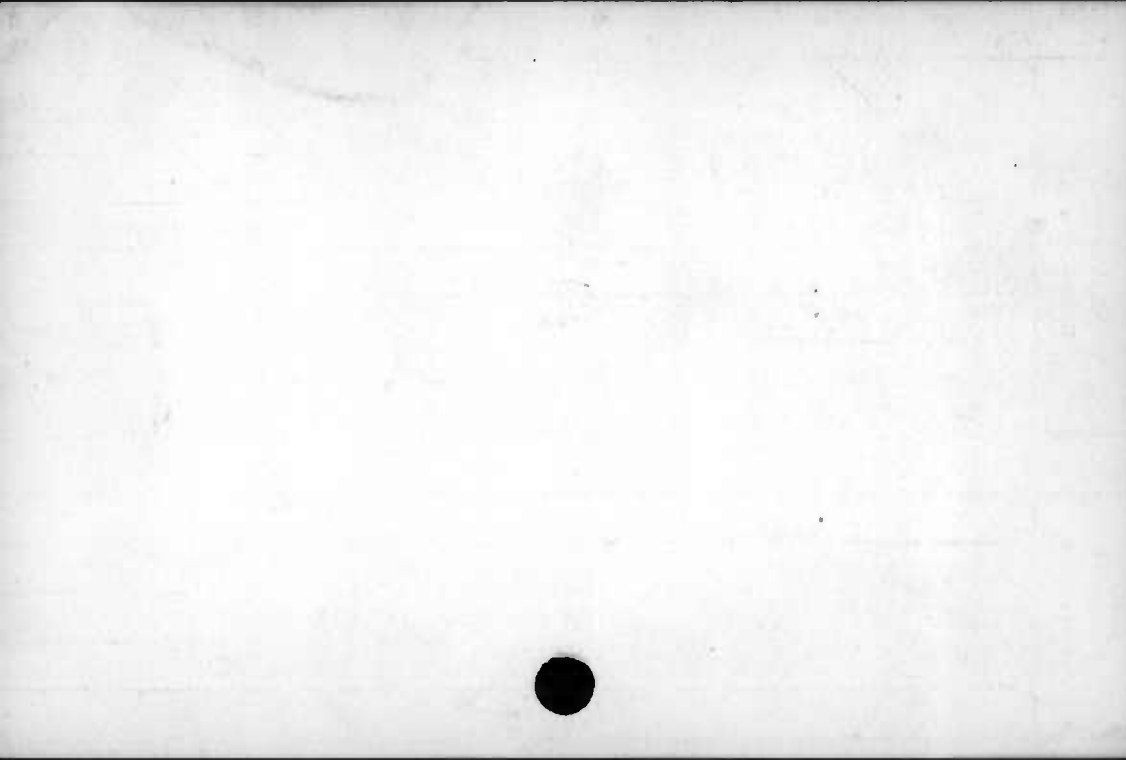
151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	
Immediate	<i>Inanition</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C R Winters</i>
		Address	<i>Hanover Md</i>
Accident or Suicide?			



Name in Full		1. Still Born Wall		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County a a b		MARYLAND	
	Date of death	1908	Month aug	Day 18	Age	Years	Months Days
	Sex	Female		Color or Race color		Birth-place Annapolis	
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband None			
	Father's Name	Pete Hall				Father's Birthplace Maryland	
	Mother's Maiden Name	Garry A Barnett				Mother's Birthplace Annapolis	
Name of person giving information	Richard Barnett				How related to deceased Uncle		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still born				How long (S)	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician J. P. F. Kleeve			
				Address Annapolis, Md.			
Accident or Suicide?							



Name  
in  
Full

Richard Hamilton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

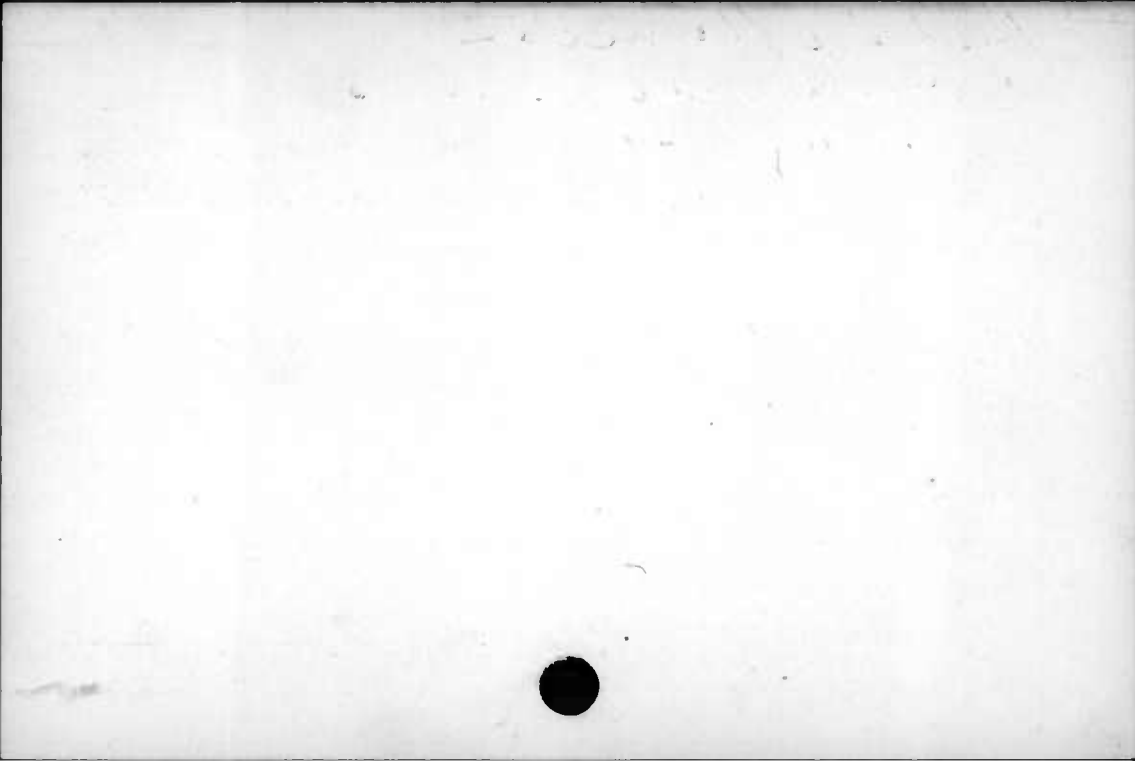
Died at <i>Amprisi Jail</i>		County <i>A A Co</i>		MARYLAND	
Date of death <i>1908 Aug</i>	Month <i>Aug</i>	Day <i>29</i>	Years <i>Unknown</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Unknown</i>		
Occupation <i>Unknown</i>			Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>T</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Jail record</i>		How related to deceased <i>—</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Mal Hydration Heart failure 3 weeks</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Murphy</i>
	Address <i>Harmonfield</i>
Accident or Suicide?	





Name in Full		Mary Barbara Hass				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Driftwood		Crabbs Creek	Anne Arundel			
	Date of death	1907	Month	Aug	Day	15	Age
			Years	—		Months	—
			Days	5			
	Sex	Female		Color or Race	White		Birth-place
Occupation			Where Residing If not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Hass			Father's Birthplace	
						Germany	
Mother's Maiden Name			Mary Corrigan			Mother's Birthplace	
						Chicago Ill	
Name of person giving information			John Hass			How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			Trismus Nascentium			How long
							2 days
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?			yes			
			Signature of Physician		Wm S Welch		
			Address		Annapolis		
Accident or Suicide?			—				

72



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

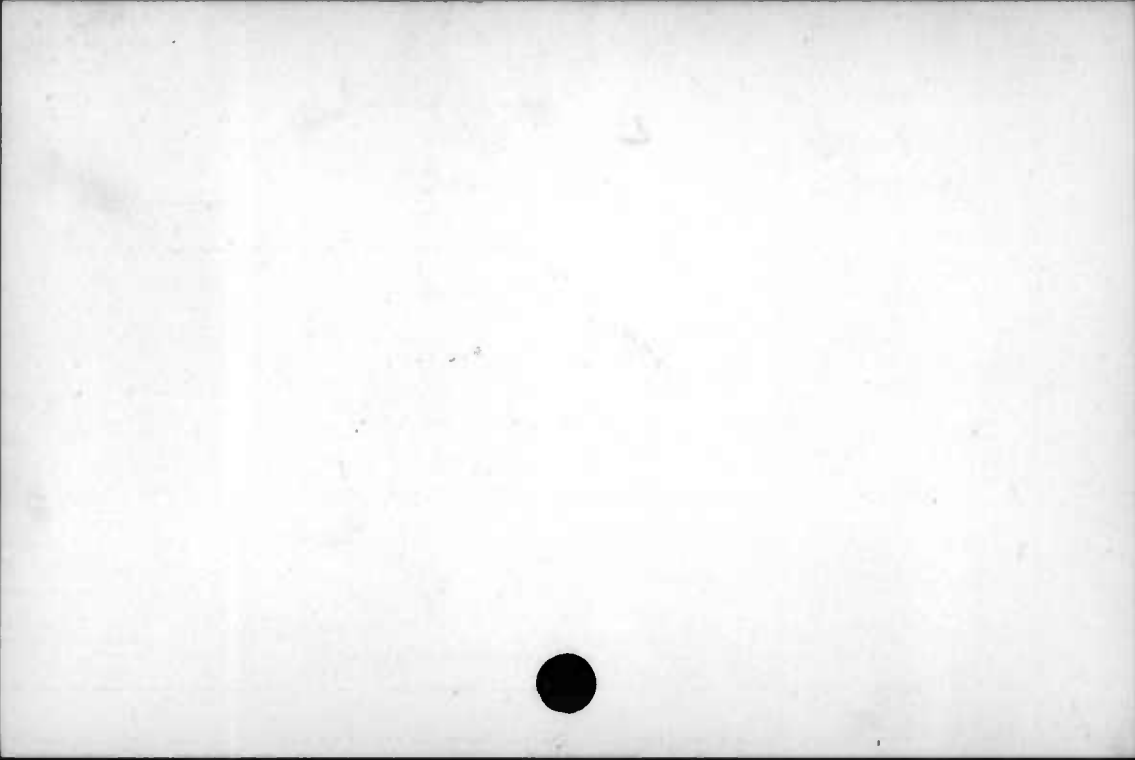
Died at <i>Fairfield</i> <sup>town</sup>		County <i>a. a.</i>	
Date of death <i>1908 Aug 24</i>	Age <i>—</i>	Months <i>6</i>	Years <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Fairfield, Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Lloyd Helmsley</i>	Father's Birthplace <i>Balto. Md</i>		
Mother's Maiden Name <i>Mary E. Winters</i>	Mother's Birthplace <i>Balto. Md</i>		
Name of person giving information <i>Mary E. Helmsley</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Cause <i>Premature Birth</i>	How long <i>—</i>
Immediate Cause <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Horton M.D.</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hamden</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		<u>MARYLAND</u>
	Date of death <u>1908</u> <sup>Month</sup> <u>August</u> <sup>Day</sup> <u>14</u>	Age <u>14</u> <sup>Years</sup>	Months		Days
	Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Anne Arundel Co Md</u>		
	Occupation <u>Farm Hand</u>	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband <u>None</u>			
	Father's Name <u>Moses Johnson</u>	Father's Birthplace <u>Anne Arundel Co Md</u>			
	Mother's Maiden Name <u>Lucinda Wilson</u>	Mother's Birthplace <u>Anne Arundel Co Md</u>			
Name of person giving information <u>Lucinda Johnson</u>	How related to deceased <u>Mother</u>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Typhoid Fever</u>		How long	<u>Two weeks</u>
	Immediate	<u>Inflammation of the Brain</u>		How long	<u>12 hours</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. R. Winterson M.D.</u>		
			Address <u>Hanover Md</u>		
	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH.

TO BE ANSWERED BY  
NEAREST FRIEND

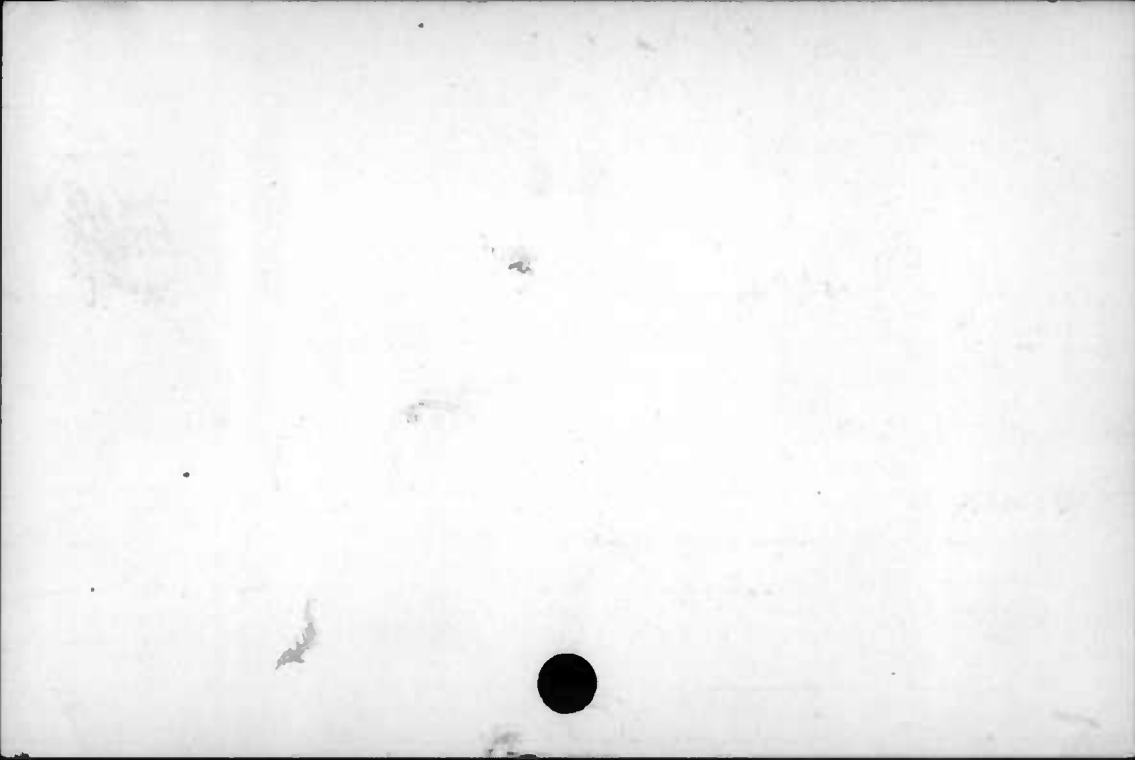
Died at		Town <i>St. Margaret</i>		County <i>aa Co</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>6</i>	Age	Years <i>28</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Color</i>		Birth-place	<i>aa Co</i>
Occupation	<i>Labor</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Lillie E. Johnson</i>				
Father's Name	<i>Nath. Johnson</i>				Father's Birthplace	<i>aa Co</i>	
Mother's Maiden Name	<i>Annul Johnson</i>				Mother's Birthplace	...	
Name of person giving information	<i>Charles E. Johnson</i>				How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonil Tuberculosis</i>	How long	<i>3 month</i>
Immediate	<i>Hemorrhage</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. D. Kellee</i>
		Address	<i>60 Cathedral St. Annapolis, Md.</i>
Accident or Suicide?	<i>no,</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

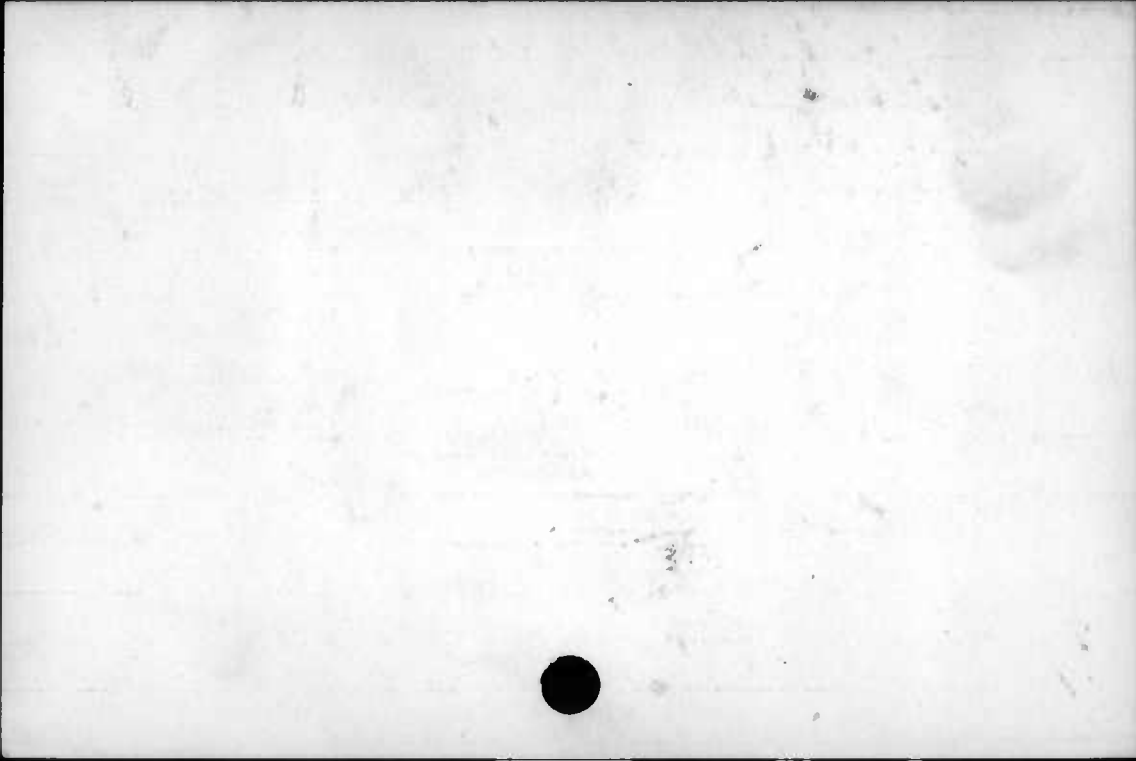
Name in Full <i>Jane Johnson</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>1908</i>		Month <i>Aug</i>		Day <i>30</i>		Age <i>42</i>	
Date of death		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Easton, Md</i>			
Occupation <i>Domestic</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mary Butler</i>		How related to deceased <i>Friend</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

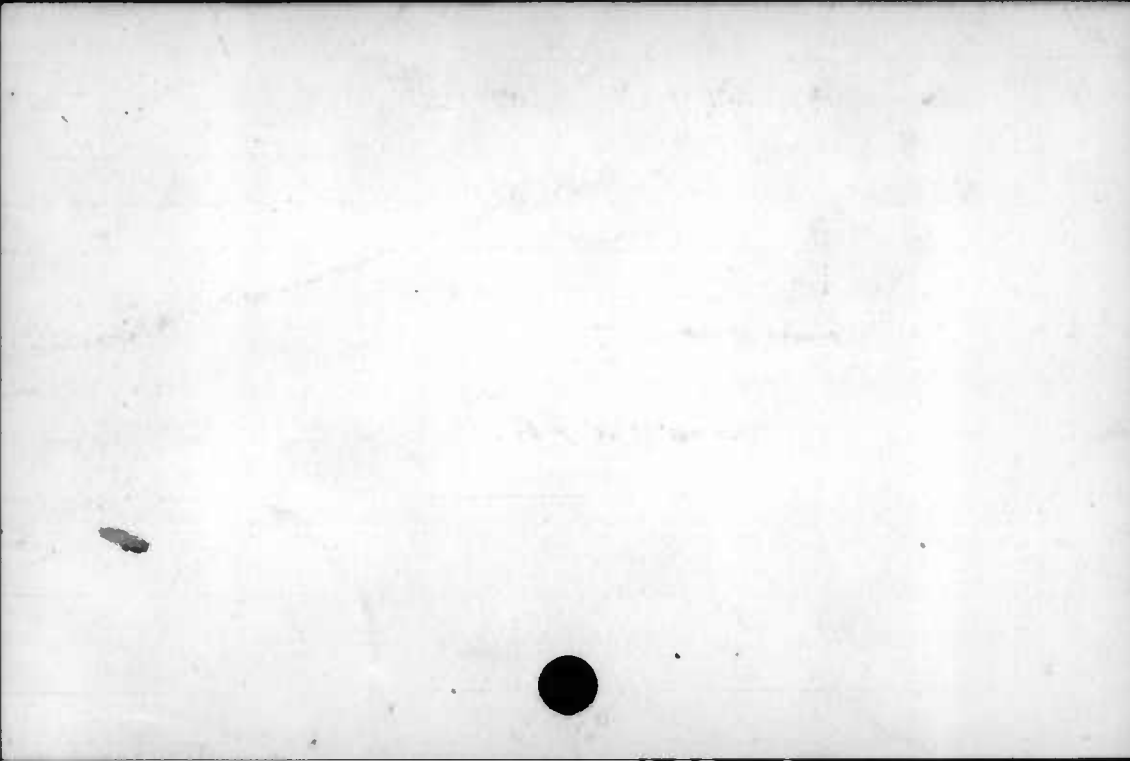
Primary <i>Bright's Disease</i>	How long <i>Six months</i>
Immediate <i>General Oedema</i>	How long <i>Four months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
Mary Johnson		MARYLAND			
Died at Annapolis		County A. A. Co.			
Date of death 1908 Aug 19		Age 73		Months Days	
Sex Female		Color or Race Colored		Birth-place Annapolis	
Occupation Cook		Where Residing if not at place of death 73 Achard St			
Married, Single or Widowed Married		Name of Wife or Husband L. L. Johnson			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Hannah Thomas		How related to deceased Niece			
CAUSES OF DEATH					
Primary		Valvular Disease of heart Several years			
Immediate		Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		J. M. S. Welch			
Address		Annapolis			
Accident or Suicide?		—			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Johnson

MARYLAND

Died at Annapolis Md

A. A. Co County

Date of death 1906 August 15th

Age Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Annapolis

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Jas. J. Johnson

Father's Birthplace

Annapolis

Mother's Maiden Name

Emma C. Duval

Mother's Birthplace

Annapolis

Name of person giving information

Jas. J. Johnson

How related to deceased

Father

CAUSES OF DEATH

(S)

Primary

Still born

How long

Immediate

Lack of Oxygen

How long

Are the name, age, sex, color, date and place correctly given above?

yes  
no.

Signature of Physician

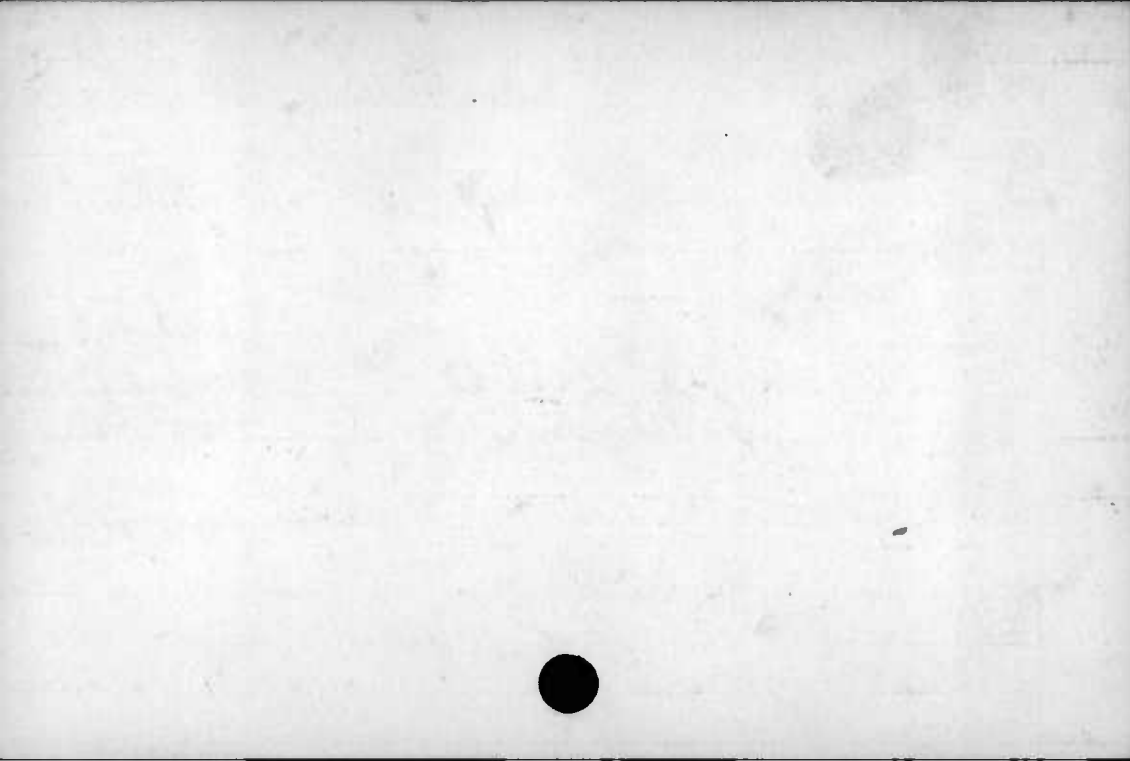
Address

Geo. Wells  
Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Virginia Elizabeth King

Died at *Parole* Town *Anne Arundel* County **MARYLAND**

Date of death *1908 August 8th* Month Day Age *2 yrs* Years *1 week* Months *5* Days

Sex *Female* Color or Race *White* Birth-place *Parole, Md.*

Occupation *Infant* Where Residing if not at place of death *Parole, A. A. Co., Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *J. Webster King* Father's Birthplace *Calvert Co.*

Mother's Maiden Name *Mattye E. Leitch* Mother's Birthplace *Friendship, Va.*

Name of person giving information *Mattye King* How related to deceased *Mother*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

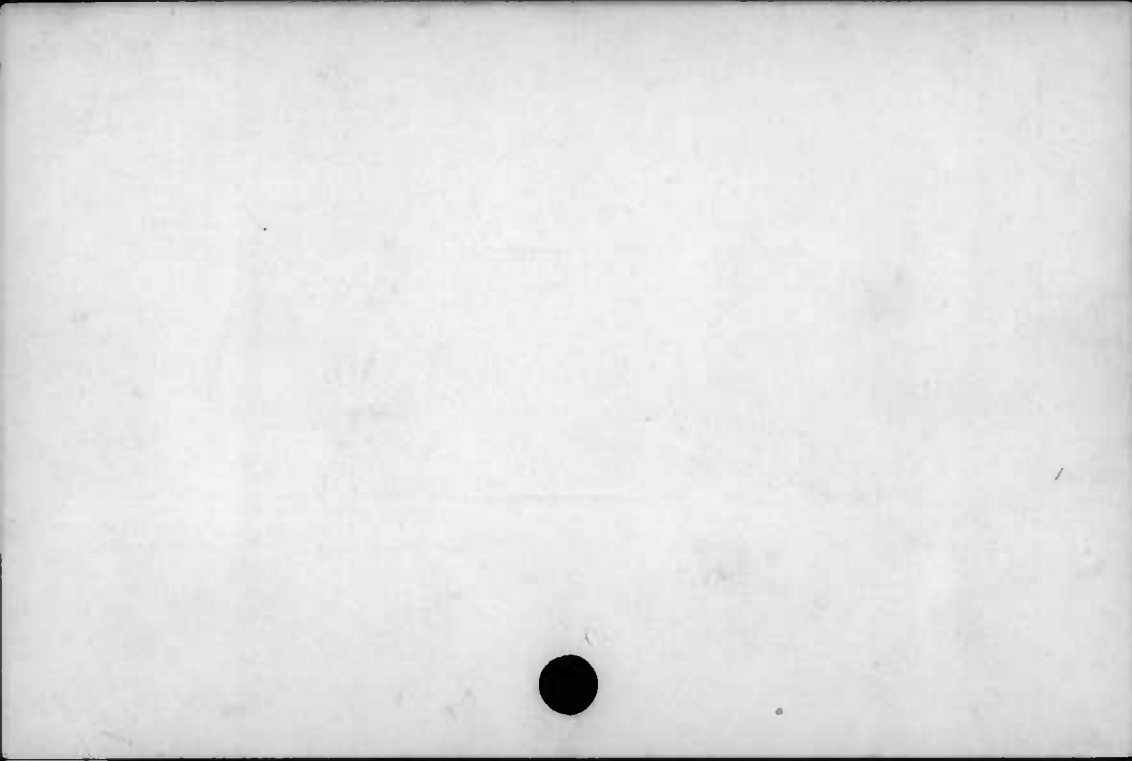
Primary *Marasmus* How long *16 months*

Immediate *Starvation* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis B. Stuebel Jr.*  
Address *Annapolis, Md.*

Accident or Suicide? *Neither*





Name  
in  
Full

Casper Kurth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brooklyn</i>		Town <i>Brooklyn</i>		County <i>Anne Arundel Co</i>		MARYLAND	
Date of death <i>1908 August 25th</i>		Month <i>August</i>		Day <i>25th</i>		Age <i>4 mos.</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>Brooklyn A. Co.</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Julius Kurth</i>				Father's Birthplace <i>Balto Md</i>			
Mother's Maiden Name <i>Sadie Brannigan</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Father - Julius Kurth</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Dysentery &amp; Enteritis</i>		How long <i>4 wks.</i>	
Immediate <i>Malaria</i>		How long <i>6 wks.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry J. S. S. Key.</i>	
According to my best knowledge.		Address <i>115 W. Mount St Balto Md.</i>	
Accident or Suicide?			

E Schloman & Son

Western Cemetery

Name  
in  
Full

Malvina Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

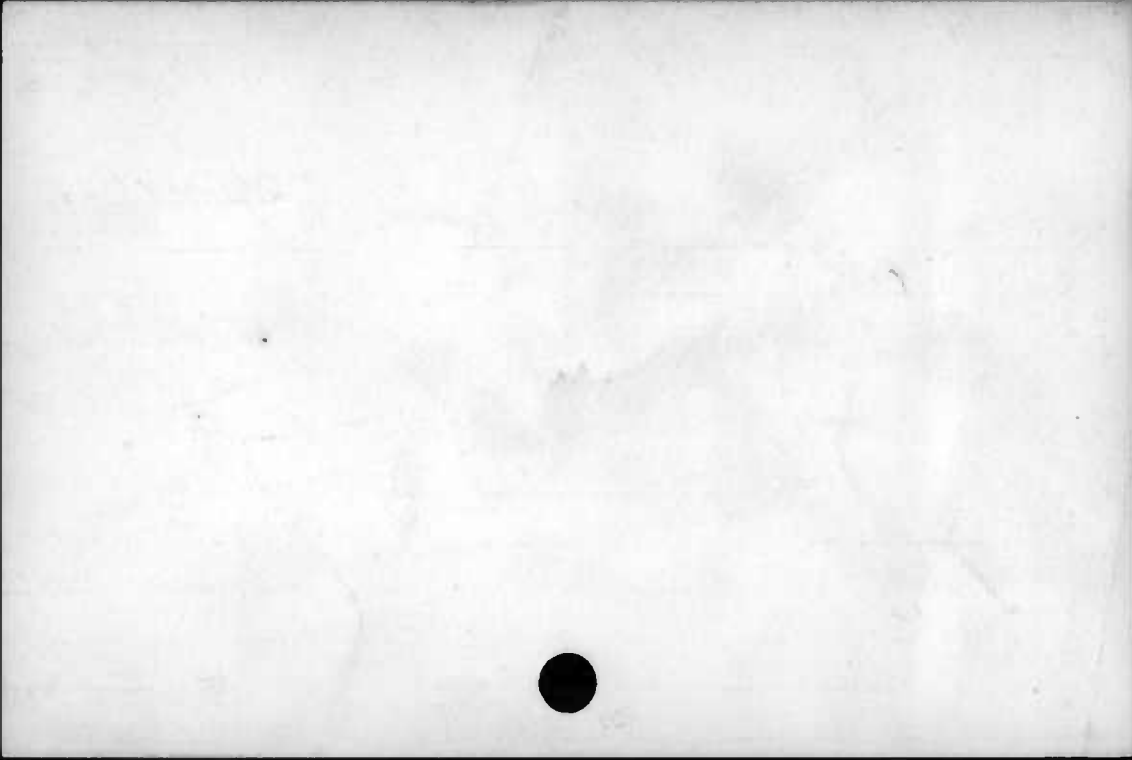
Died at <i>Annapolis</i> Town <i>Anne Arundel</i> County <i>MARYLAND</i>	
Date of death <i>1908</i> Aug <i>16</i> Month <i>43</i> Day <i>43</i> Years <i>145</i> Months <i>145</i> Days	
Sex <i>Female</i> Color or Race <i>Cole</i> Birth-place <i>A. A. Co. Md</i>	
Occupation <i>Domestic</i> Where Residing if not at place of death <i>145 Point St</i>	
Married, Single or Widowed <i>Widowed</i> Name of Wife or Husband <i>Thomas Lee</i>	
Father's Name <i>Thomas Carpenter</i> Father's Birthplace <i>A. A. Co. Md</i>	
Mother's Maiden Name <i>Russell Williams</i> Mother's Birthplace <i>A. A. Co. Md</i>	
Name of person giving information <i>Thomas Carpenter</i> How related to deceased <i>brother</i>	

CAUSES OF DEATH

*120*

PHYSICIAN  
OR CORONER

Primary <i>Nephritis acute</i> How long <i>3 yrs</i>	
Immediate <i>Uraemia coma</i> How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. D. Keane</i>
	Address <i>60 Cathedral St</i>
Accident or Suicide? <i>no</i>	<i>Annapolis Md</i>



Name  
in  
Full

Wm Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

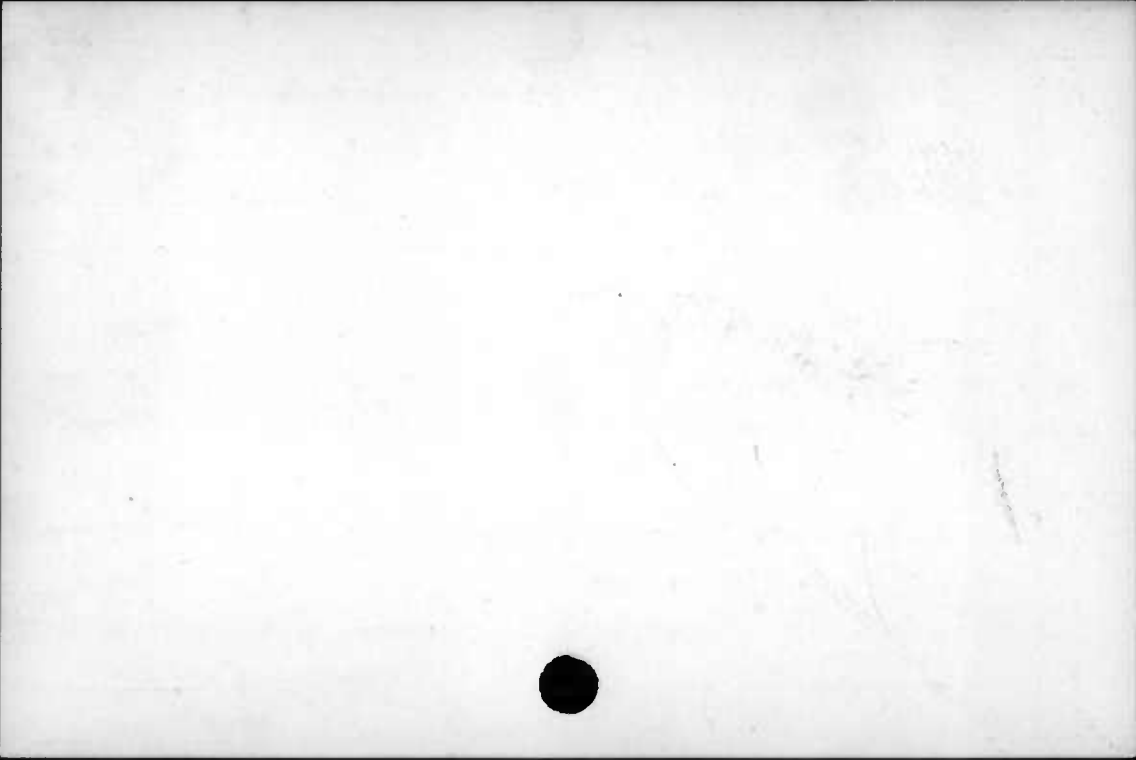
Died at <i>Annapolis Neck</i>		County <i>Atto</i>		State <i>MARYLAND</i>	
Date of death <i>1908 August 12<sup>th</sup></i>	Month <i>August</i>	Day <i>12<sup>th</sup></i>	Age <i>35</i>	Years <i>35</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>Col</i>	Birth-place <i>MD</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Atto</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Atto</i>				
Name of person giving information <i>Thomas Coates</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

(67)

PHYSICIAN  
OR CORONER

Primary <i>Progressive Paralysis</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis MD</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

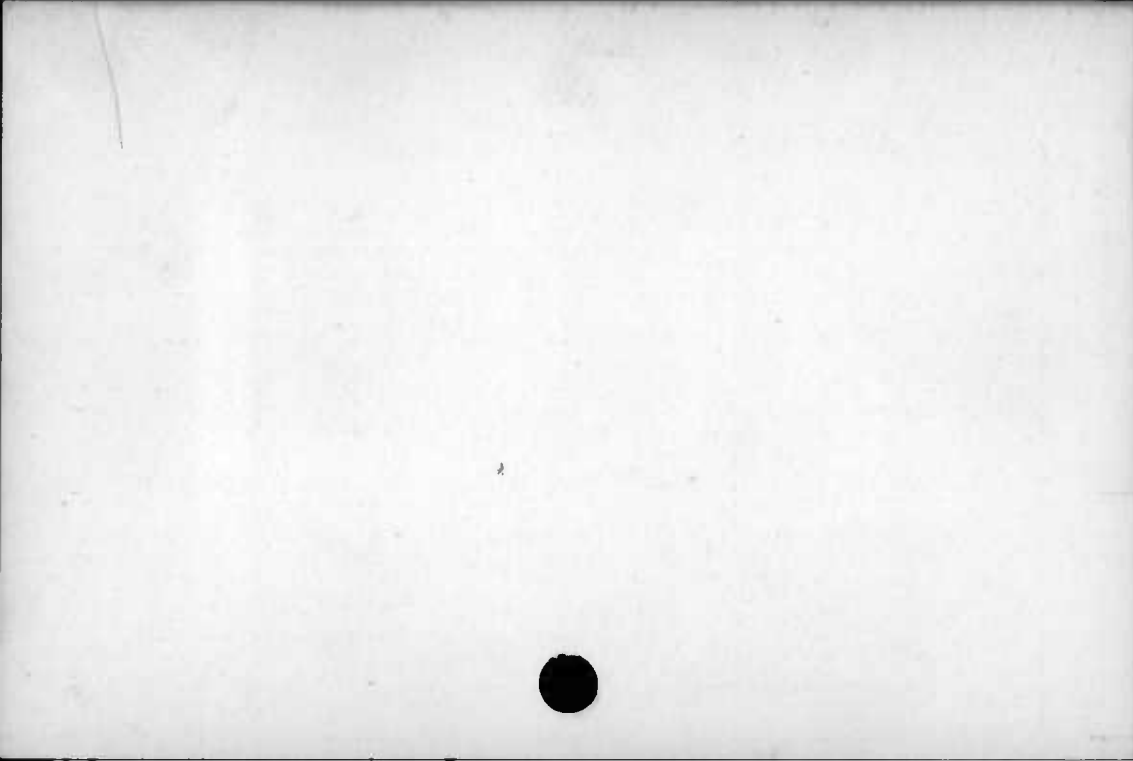
Name in Full <i>John Henry Lewis</i>		Town <i>Armiger</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Armiger</i>		Date of death <i>1908 Aug 27</i>		Age <i>1</i>		Years <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Lewis</i>				Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Katherine E. Maupin</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>John Lewis</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Summer Complaint</i>	How long <i>One month</i>
Immediate <i>Spasms</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billings</i>
	Address <i>Armiger Md.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Thomas Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

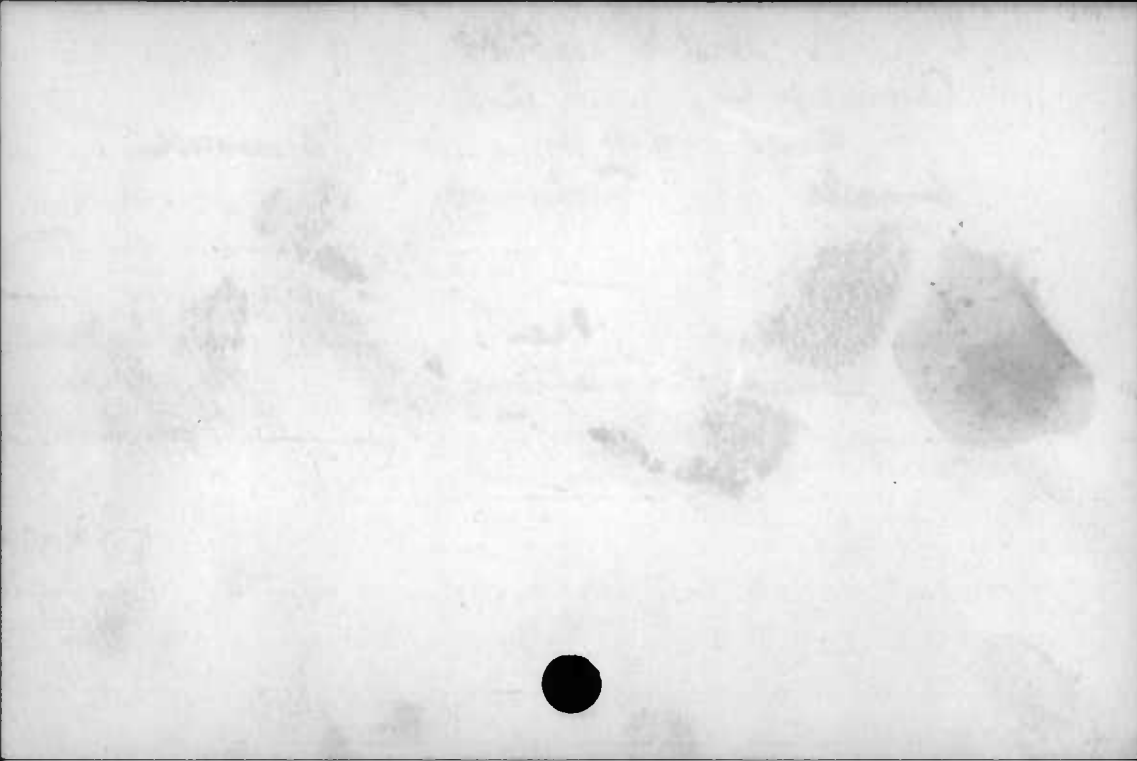
Died at		Town		County	
3 <sup>d</sup> District		D. C.			
Date	Month	Day	Years	Months	Days
of death 1908	Aug.	12	Age 2		
Sex	Color or Race		Birth-place		
Male	Colored		3 <sup>d</sup> District		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
Wm. Matthews			Annapolis Md.		
Mother's Maiden Name			Mother's Birthplace		
Phoebe Stevens			D. C. Md.		
Name of person giving information			How related to deceased		
Wm. Matthews			Father		

## CAUSES OF DEATH

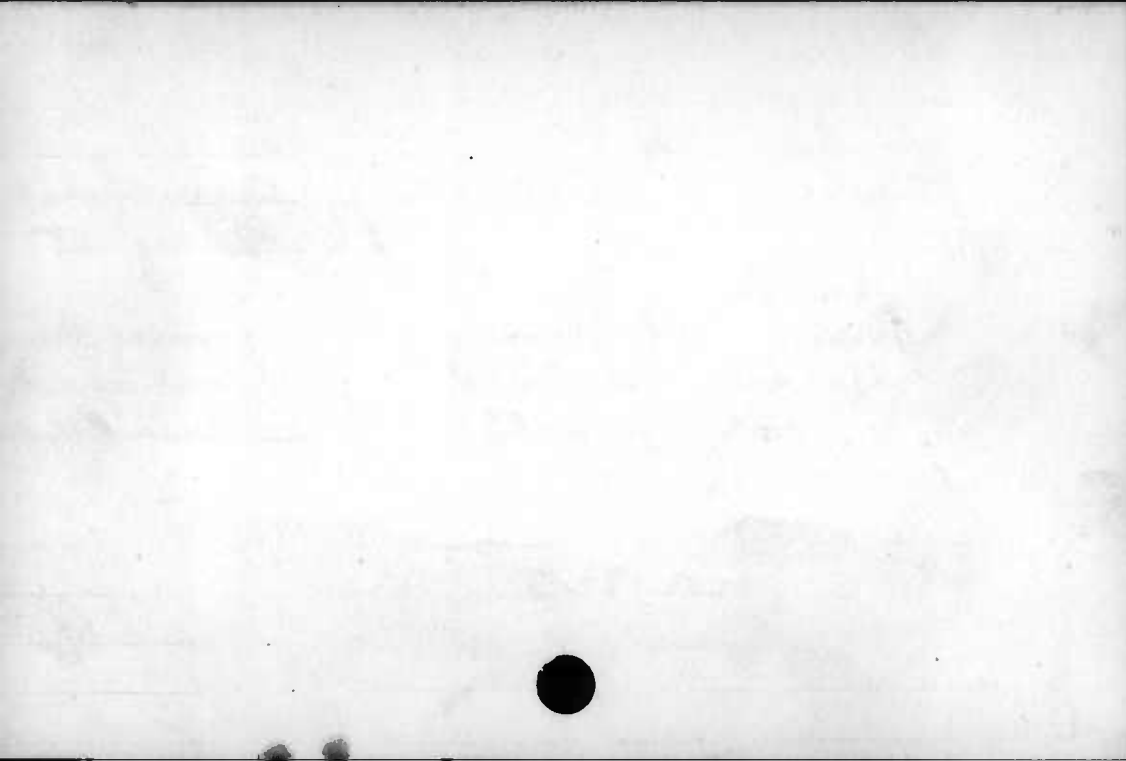
14

PHYSICIAN  
OR CORONER

Primary	How long
Spontaneous	One week
Immediate	How long
Coma	one day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. D. Ridout M.D.
	Address
	Annapolis Md.
	K. L. D. No 1
Accident or Suicide?	



Name in Full <b>Emma M. Miller</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis Md.</b> <sup>Town</sup>		<b>a.a. co.</b> <sup>County</sup>	
Date of death <b>1908 Aug.</b> <sup>Month</sup>		<b>4th</b> <sup>Day</sup>	
<b>1908</b> <sup>Year</sup>		<b>6 months</b> <sup>Months</sup>	
Sex <b>female</b>		Color or Race <b>Colored</b>	
Occupation <b>—</b>		Birthplace <b>Annapolis Md.</b>	
Where Residing if not at place of death <b>128 Lincoln</b>		<b>Place</b>	
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>William Miller</b>		Father's Birthplace <b>Tolbert. co. Md.</b>	
Mother's Maiden Name <b>Gamie Armstrong</b>		Mother's Birthplace <b>a.a. co. Md.</b>	
Name of person giving information <b>Gamie Armstrong</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
Primary <b>Marginal</b>		<b>179</b> <sup>How long</sup>	
Immediate <b>exhaustion</b>		<b>Months</b> <sup>How long</sup>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John Ridgely</b>	
<b>yes</b>		Address <b>Annapolis Md.</b>	
Accident or Suicide?			



Name  
in  
Full

Hellen W. Molberer

## CERTIFICATE OF DEATH

Town

County

Died at Annapolis Md

a. a. Co

MARYLAND

Date of death 1908

Month

Day

Age

Years

Months

Days

Sex female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of death

16 &amp; Clay st

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Molberer

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Goldia Walker

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

Goldia Walker

How related  
to deceased

Grandmother

## CAUSES OF DEATH

Primary

Malnutrition

How long

months

Immediate

Marasmus

How long

months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Ambrose Garcia M.D.

Address

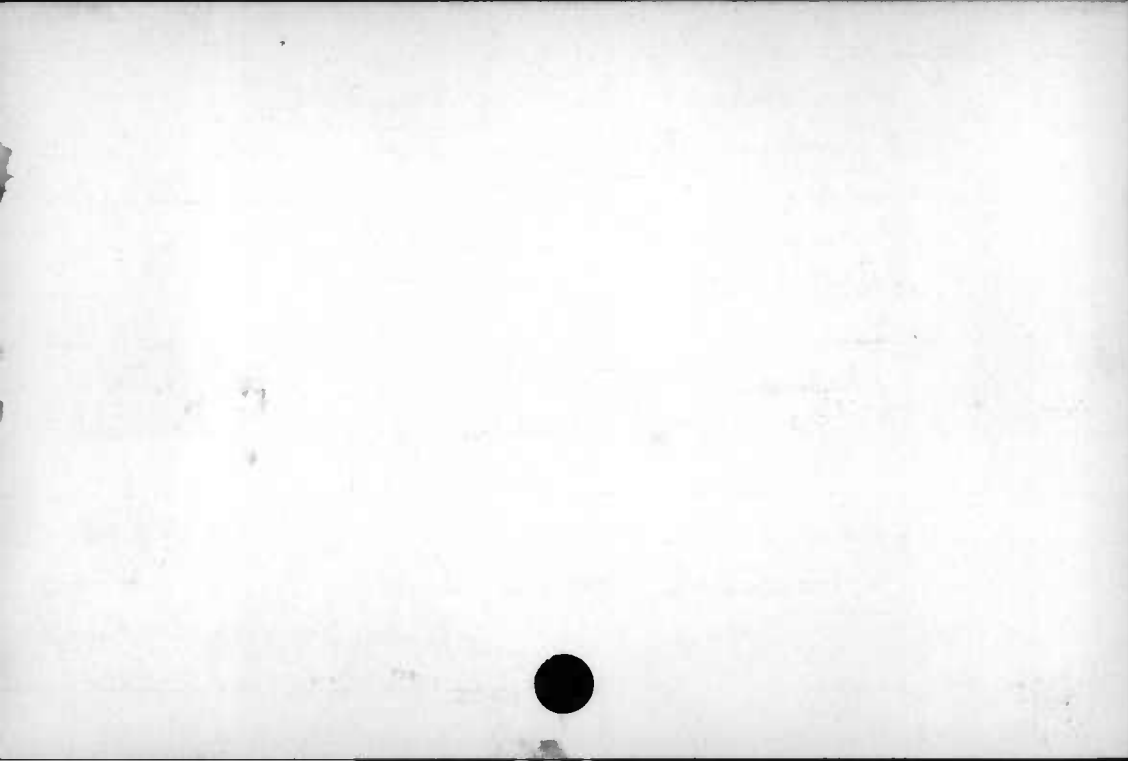
12 Clay St

Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

179



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Florence Mullen

Died at <sup>Town</sup> Leitch<sup>County</sup> Anne Arundel

MARYLAND

Date of death 1908 Aug.

Month

Day 31

Age 17

Years

Months

Days

Sex Female

Color or  
Race

Black

Birth-  
place

Md.

Occupation

House maid

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden Name

Emyna Mullen

Mother's  
Birthplace

Md.

Name of person giving  
information

James Brown

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

Typhoid fever

How long

14 days

Immediate

Intestinal haemorrhage

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

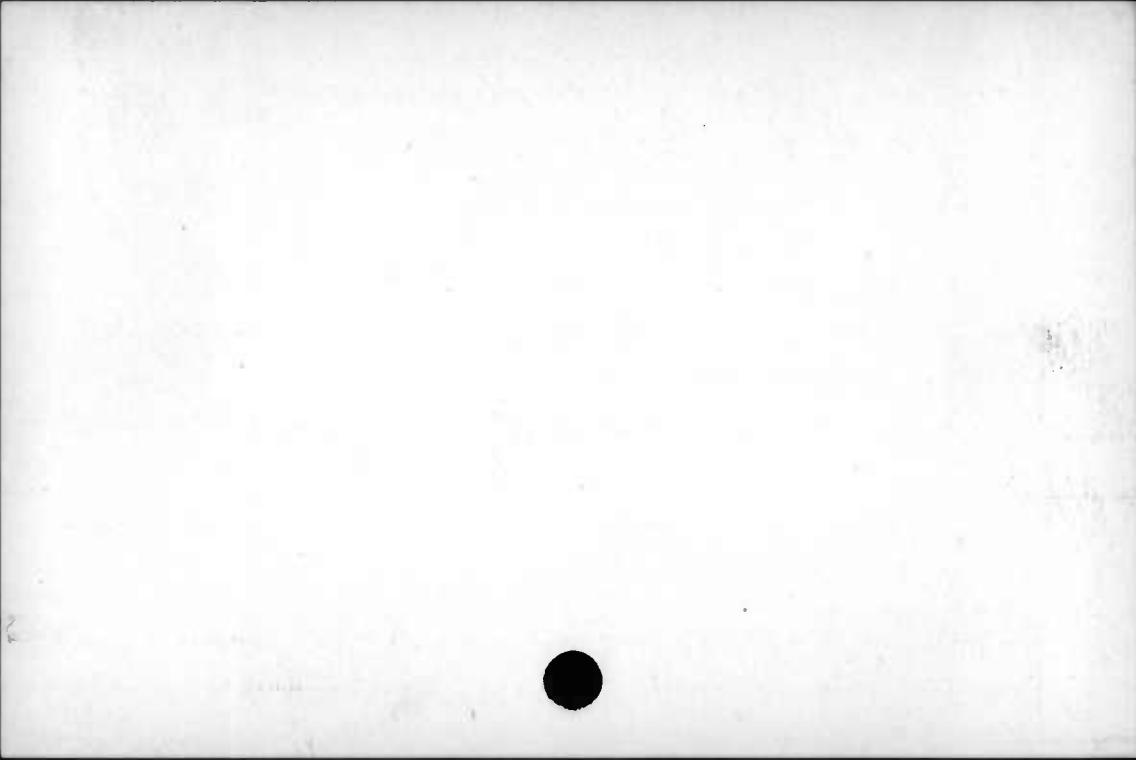
Yes

Signature of  
Physician

Address

A. Sydney Starlings  
Leitch Md.

Accident or Suicide?





Name  
in  
Full

Rose Veronica Naughton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

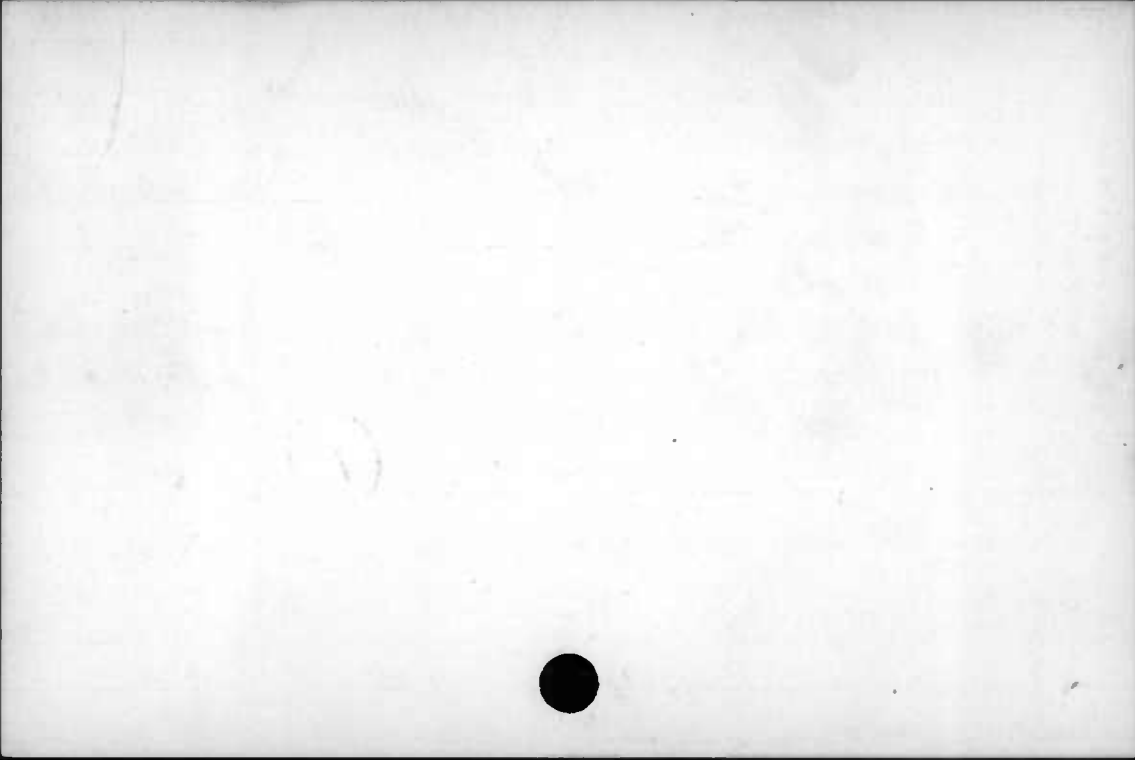
Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>8</i>	Age <i>47</i>	Years	Months <i>3</i>	Days <i>14</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brooklyn N.Y.</i>						
Occupation <i>House wife</i>			Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph J. Naughton</i>							
Father's Name <i>Bernard Flood</i>		Father's Birthplace <i>Ireland</i>							
Mother's Maiden Name <i>Ann E. Fee</i>		Mother's Birthplace <i>Ireland</i>							
Name of person giving information <i>Joseph Naughton</i>		How related to deceased <i>Husband</i>							

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary	<i>General Tuberculosis</i>	How long	<i>12 to 15 mos.</i>
Immediate	<i>Asketmia + Inanition</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as I am aware</i>		Signature of Physician <i>J. H. Thompson M.D.</i>	
		Address <i>Annapolis Md.</i>	
<i>Accident or Suicide?</i>			



Name  
in  
Full

Bertha Rose Phipps

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Davidsonville		County Anne Arundel		MARYLAND	
Date of death	1908	Month August	Day 7	Age 2 1/2	Years	Months 11	Days 6
Sex	Female		Color or Race	White		Birth- place	Anne Arundel Co.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John B. Phipps					Father's Birthplace	Prince Geo. Co.
Mother's Maiden Name	Mary Ella Harris					Mother's Birthplace	South River, Md.
Name of person giving In formation	Mary Ella Phipps					How related to deceased	Mother

## CAUSES OF DEATH

27

How long

16 mos

How long

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

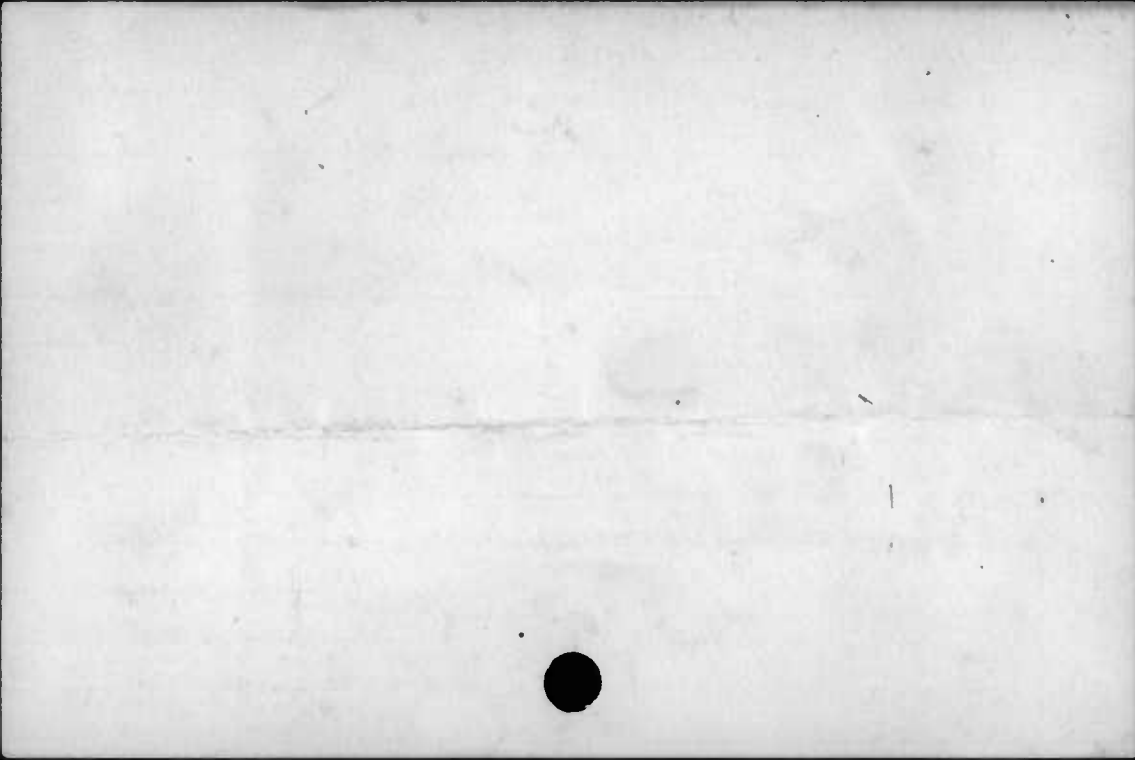
Yes

Signature of  
Physician

Address

B. Davidson  
Davidsonville,  
Maryland

Accident or Suicide?



Name  
in  
Full

Martin M. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Farmers Summer Resort* *Anne Arundel* *C* *MARYLAND*

Town County

Date of death *1908* *Aug* *16* *Age* *48* *Months* *—* *Days* *—*

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Capt Rauter* How related to deceased *Not related*

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

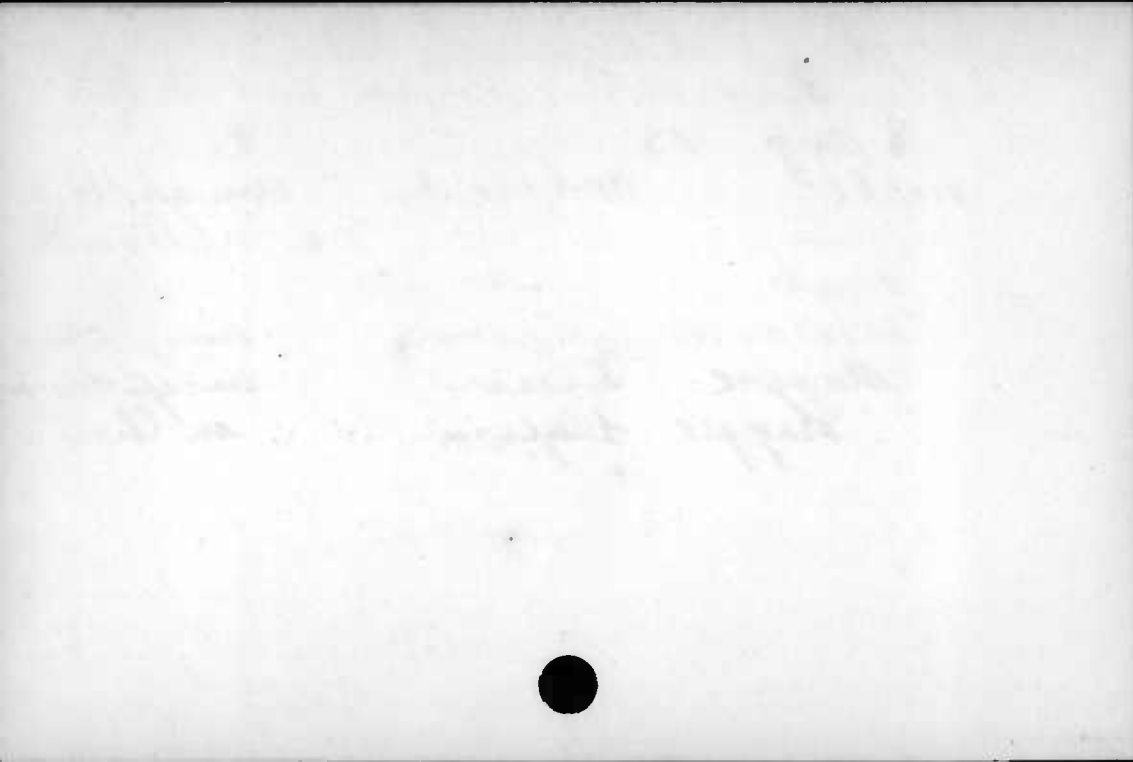
Primary *Accidental Drowning* How long *Immediate*

Immediate

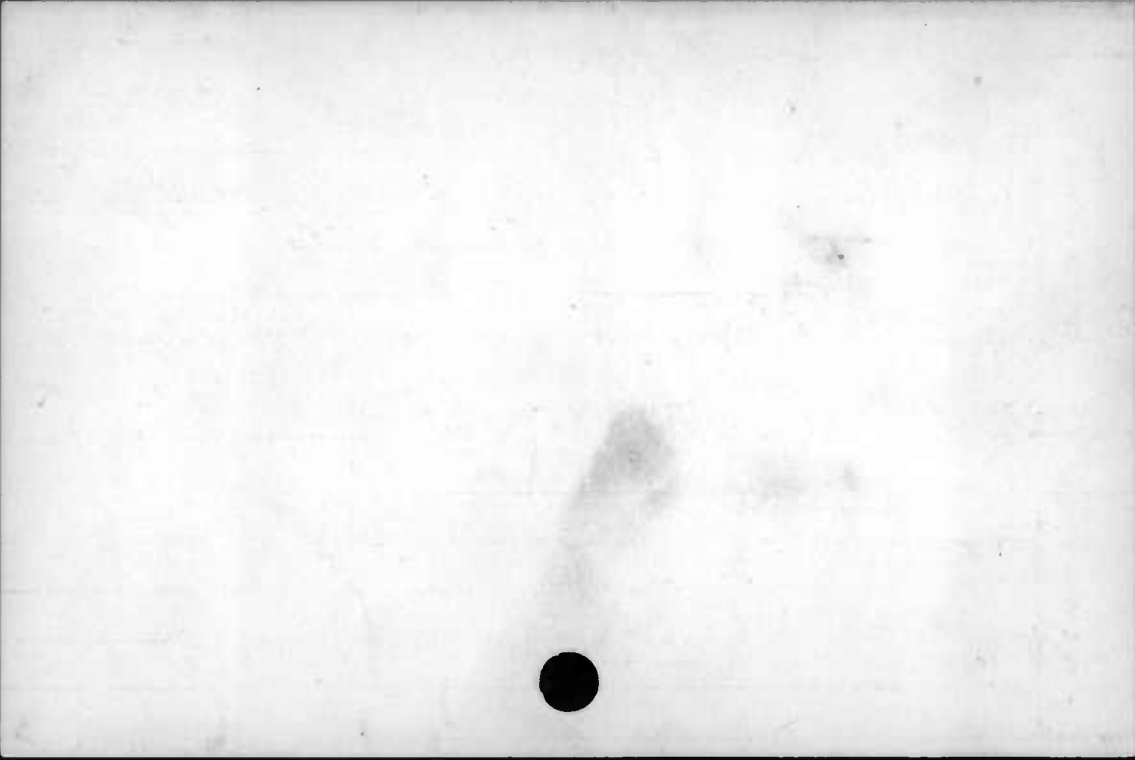
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of *Richard S. Dink*  
Physician *Justice of the Peace*  
Address *acting as coroner*  
*P.O. Annapolis Md*

Accident or Suicide? *Accident*



Name in Full		George Simpson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1908 Aug		18	Age	—	2	
	Sex	male	Color or Race	colored	Birth-place	Annapolis	
	Occupation	—		Where Residing if not at place of death			
	76 action lane						
Married, Single or Widowed		single		Name of Wife or Husband		—	
Father's Name		William Simpson				Father's Birthplace	
Mother's Maiden Name		Maggie Queen				Mother's Birthplace	
Name of person giving information		Maggie Simpson				How related to deceased	
						mother	
		CAUSES OF DEATH				105	
PHYSICIAN OR CORONER	Primary	Improper nutrition				How long	
	Immediate	Cholera Infantum				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					m. C. Lay Jr		
Accident or Suicide?							





Name  
in  
Full

Wm A Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

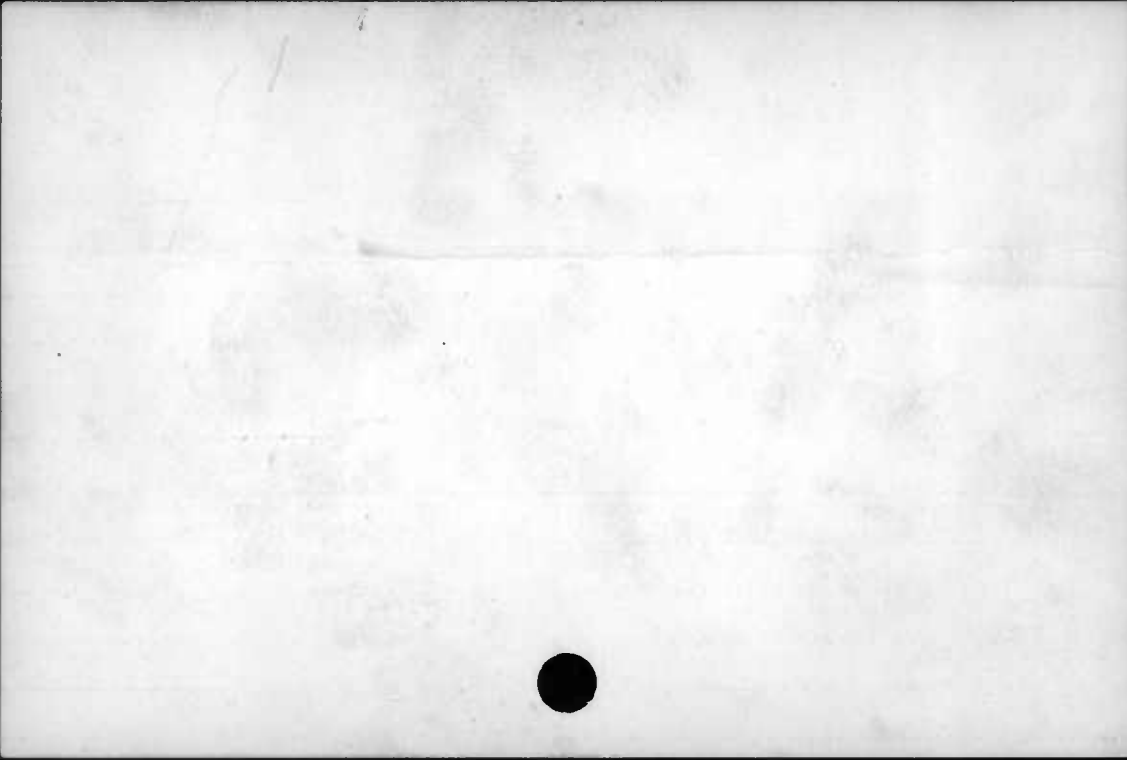
Died at <i>Annapolis</i> Town		County <i>AA Co</i>		- MARYLAND	
Date of death	1908	Month	August	Day	12 <sup>th</sup>
Age		Years		Months	6
Sex	Male	Color or Race	col -	Birth-place	Annapolis
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		W. A. Smith		Father's Birthplace	<i>AA Co</i> Ind
Mother's Maiden Name		Beata Brookes		Mother's Birthplace	<i>AA Co</i> Ind
Name of person giving information		Beata Brookes		How related to deceased	mother

CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary	<i>Trismus &amp; Ascentium</i>		How long	<i>5 or 6 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>John Ridout</i>		
		Address		
		<i>Annapolis</i>		
Accident or Suicide?				



Name  
in  
Full

Eliza M. Stallings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>A.A.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908 August 1</u> <sup>Month Day</sup>		Age <u>47</u> <sup>Years</sup>		<u>11</u> <sup>Months</sup> <u>18</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>A.A. Co. Md</u>			
Occupation <u>Farming</u>	Where Residing if not at place of death <u>South-River, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clarence S. Stallings</u>				
Father's Name <u>William Sherbert</u>		Father's Birthplace <u>A.A. Co. Md</u>			
Mother's Maiden Name <u>Mary W. Wayson</u>		Mother's Birthplace <u>A.A. Co. Md</u>			
Name of person giving information <u>Mrs. Wm. Schwallenberg</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

129

PHYSICIAN  
OR CORONER

Primary <u>Submucous Fibroid uterus &amp; cystic ovaries</u>	How long <u>3 years</u>
Immediate <u>Surgical Shock</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Walton H. Hopkins</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <input type="checkbox"/>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

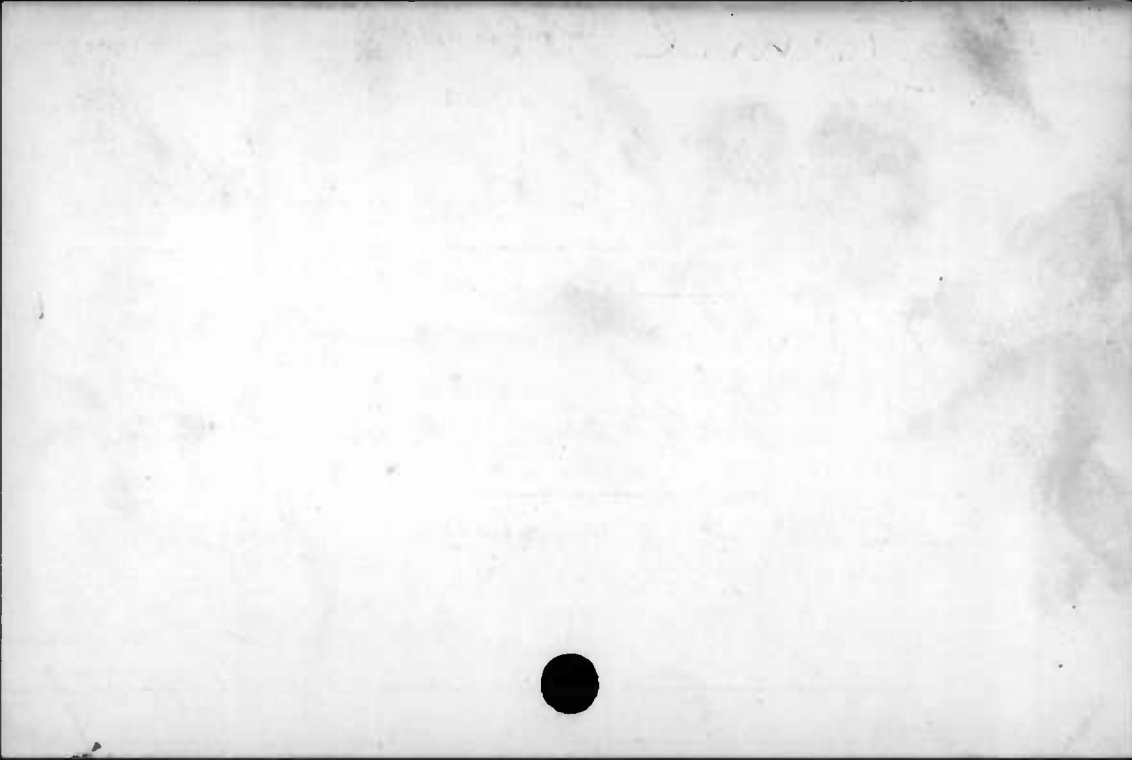
Name in Full <b>Nathanial Stansbury</b>		Town <b>Mulberry</b>		County <b>Jeff</b>		State <b>MARYLAND</b>	
Died at <b>Mulberry</b>		Month <b>August</b>		Day <b>4<sup>th</sup></b>		Years <b>1908</b>	
Date of death <b>1908 August 4<sup>th</sup></b>		Age <b>9</b>		Months <b>9</b>		Days <b>9</b>	
Sex <b>Male</b>		Color or Race <b>Col</b>		Birth-place <b>Afco</b>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>J. S. Stansbury</b>		Father's Birthplace <b>Afco</b>					
Mother's Maiden Name <b>Gane Chamber</b>		Mother's Birthplace <b>Anne Arundel</b>					
Name of person giving information <b>Father</b>		How related to deceased					

## CAUSES OF DEATH

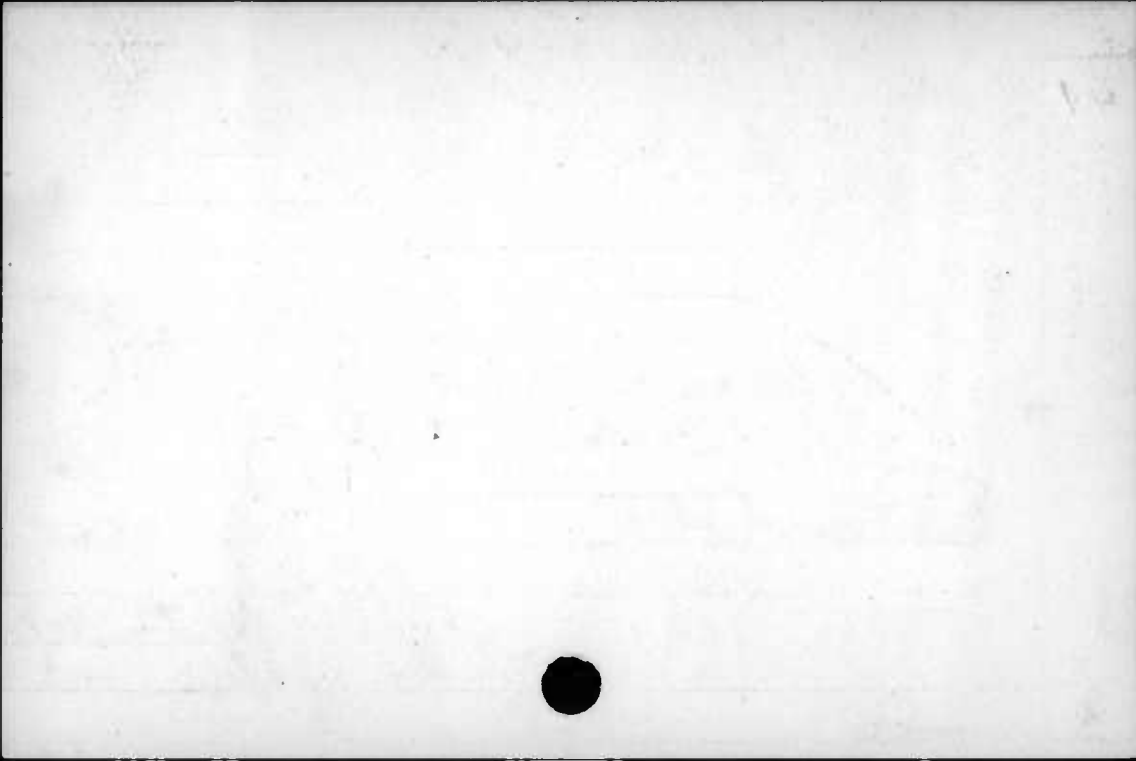
179

PHYSICIAN  
OR CORONER

Primary <b>Marasmus</b>		How long <b>Months</b>	
Immediate <b>Exhaustion</b>		How long <b>Gradual</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John Ridout</b>	
<b>Yes</b>		Address <b>Annapolis Md</b>	
Accident or Suicide?			



Name In Full <b>George Stinchcomb Jr</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Tapscott</b> <small>Town</small>		<b>St</b> <small>County</small>		<b>MARYLAND</b>
	Date of death <b>1908</b> <small>Month</small> <b>Aug</b> <small>Day</small> <b>4</b> <small>Years</small> <b>10</b> <small>Months</small> <b>10</b> <small>Days</small>	Age <b>10</b>			
	Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Ind</b>		
	Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>		
	Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>			
	Father's Name <b>George Stinchcomb Sr</b>	Birthplace <b>Ind</b>			
Mother's Maiden Name <b>Bertha Thomas</b>	Mother's Birthplace <b>—</b>				
Name of person giving information <b>George Stinchcomb</b>	How related to deceased <b>Father</b>				
<div style="text-align: center;">CAUSES OF DEATH <b>1</b></div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-size: 1.5em; float: right;">105</div>					
PHYSICIAN OR CORONER	Primary <b>Cholera infantum</b>		How long <b>2 weeks</b>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Thos. B. Norton M.D.</b>		
			Address <b>So. Balto, Md.</b>		
Accident or Suicide? <b>—</b>					





Name  
in  
Full

Peter Szitniski

## CERTIFICATE OF DEATH

43

TO BE ANSWERED BY  
NEAREST FRIEND

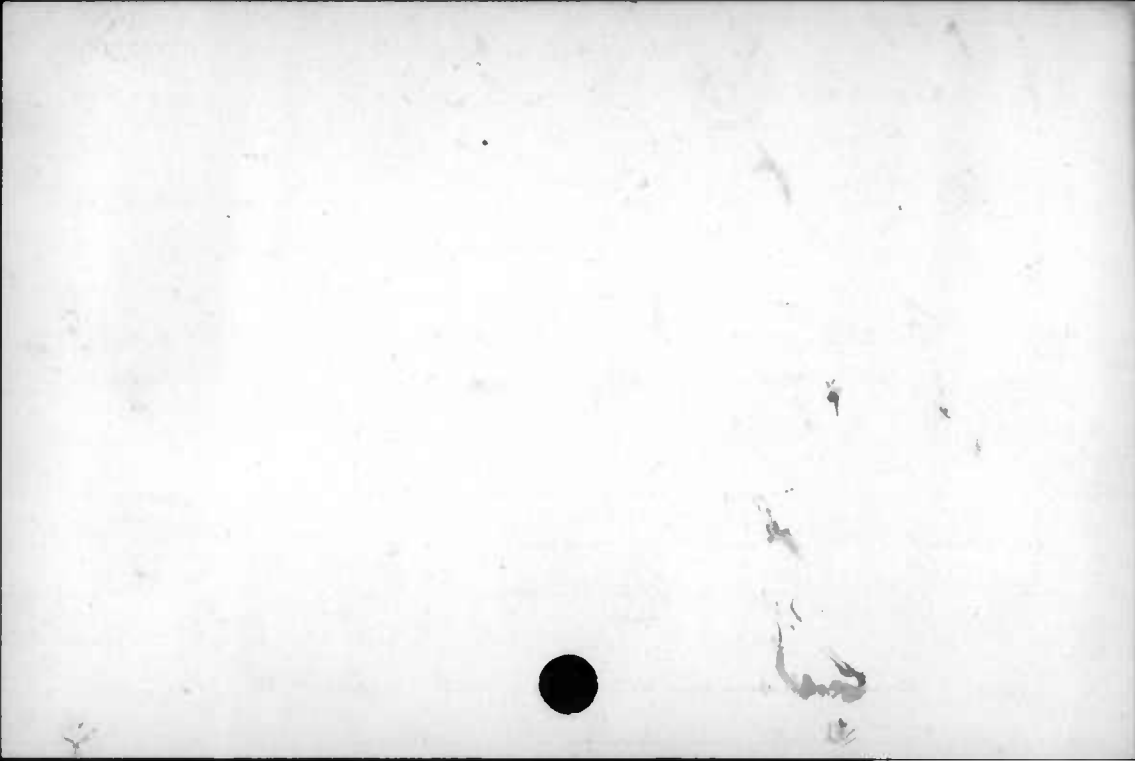
Died at		Town So. Baltimore		County A.A.		MARYLAND	
Date of death	1908	Month aug	Day 12	Age 2	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Pa.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles Szitniski		Father's Birthplace		
Mother's Maiden Name			Margaret Szitniski		Mother's Birthplace		
Name of person giving information			Charles Szitniski		How related to deceased		
					Father		

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary		Enterocolitis		How long		one week	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Address			
				J. W. B. Norton MD			
				So. Baltimore, Md.			



Name  
in  
Full

Amelia Tribull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

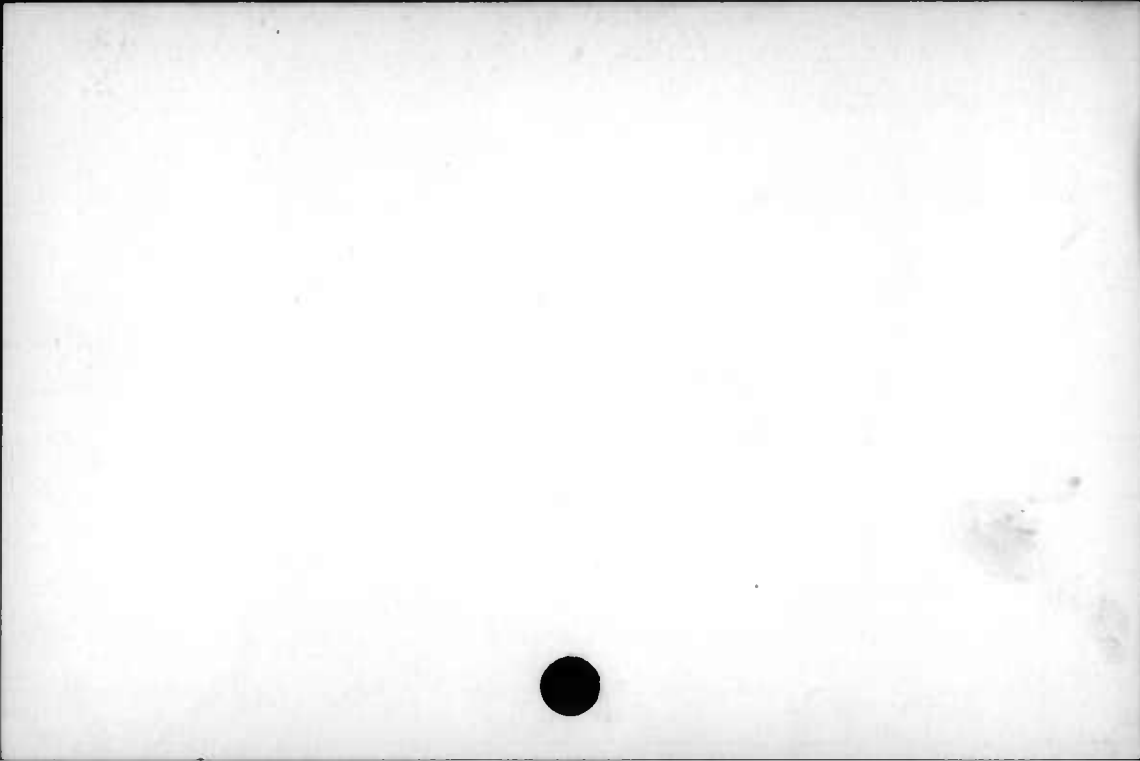
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug.	5			7	16
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Baby		Where Residing if not at place of death		Wagner's Point		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	William Tribull				Father's Birthplace	Germany	
Mother's Maiden Name	Annie Lisscup				Mother's Birthplace	Maryland	
Name of person giving information	William Tribull				How related to deceased	Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Chronic Lacto-Enteritis	How long	4 weeks
Immediate	Marasmus	How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	William D. Scott M.D.
yes		Address	#1613 Light st Baltimore, Md.
Accident or Suicide?		No	



Name  
in  
Full

Mary A Tribull

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

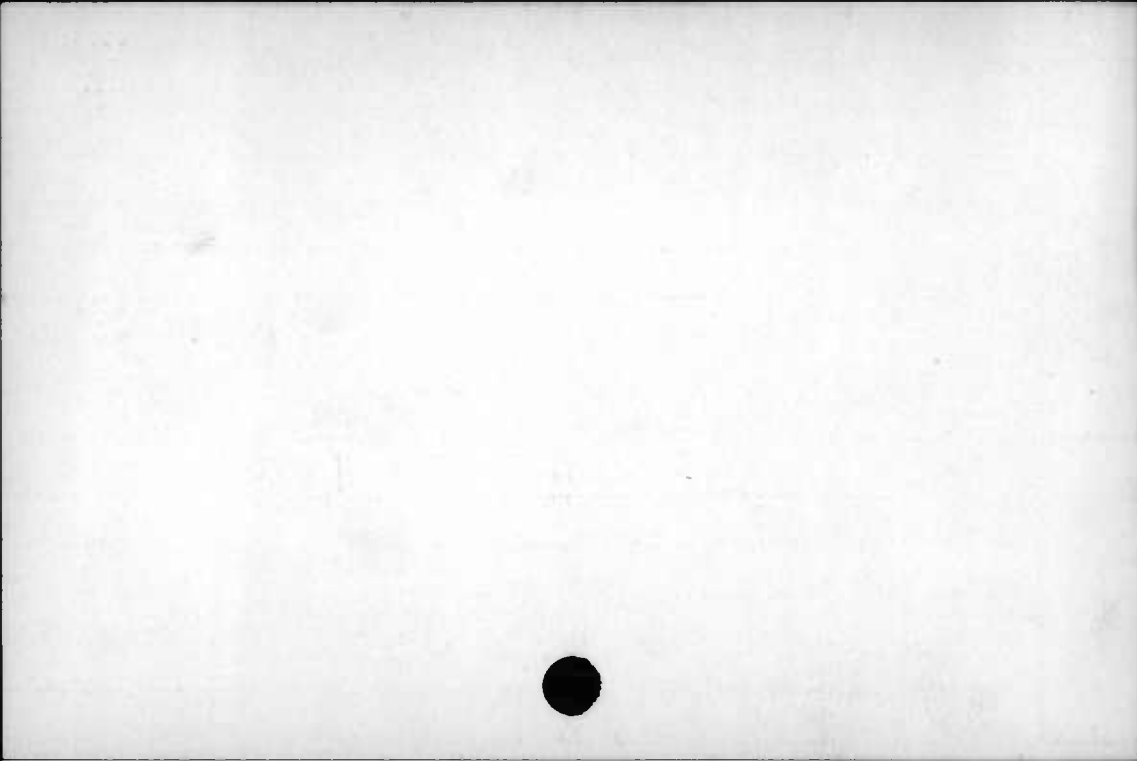
Died at <u>East</u> <sup>Town</sup> <u>Brooklyn</u> <sup>County</sup> <u>ce</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>28</u>	Age <u>8</u> Years <u>8</u> Months <u>8</u> Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>in ce</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm T Tribull</u>	Father's Birthplace <u>Ger-</u>		
Mother's Maiden Name <u>Anna Grosskopf</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>—</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas D Brook</u>
	Address <u>—</u>
Accident or Suicide?	



Name  
in  
Full

*Iselen G. Gunner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Annapolis* Town *1* County *Atlee* MARYLAND  
Date of death *1908* Month *August* Day *25* Age *Two* Years *15* Months *15* Days  
Sex *Female* Color or Race *col* Birth-place *Annapolis*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

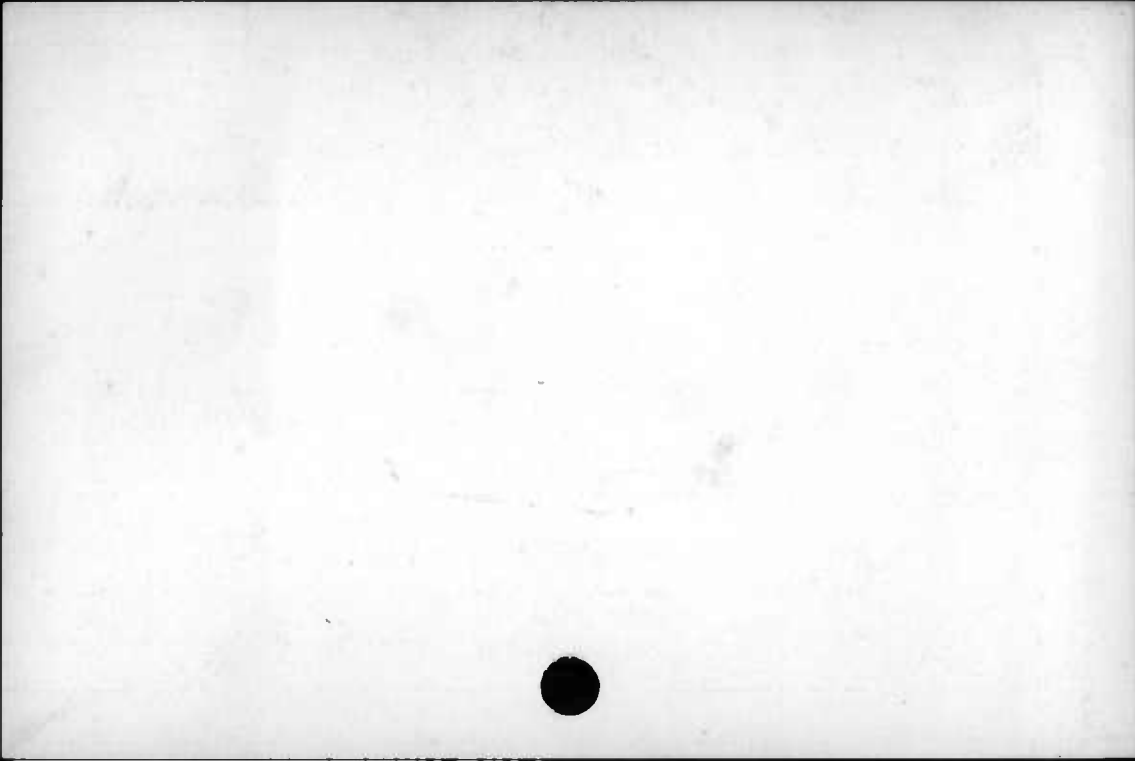
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *S. Gunner* Father's Birthplace *Atlee Md*  
Mother's Maiden Name *Bernie Parker* Mother's Birthplace *Md*  
Name of person giving information *Carrie Turner* How related to deceased *Mother*

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary *Margamus* How long *Since Birth*  
Immediate *Exhaustion* How long *Gradual*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *John Ridout*  
Address *Annapolis Md*  
Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Henry Von Schroeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

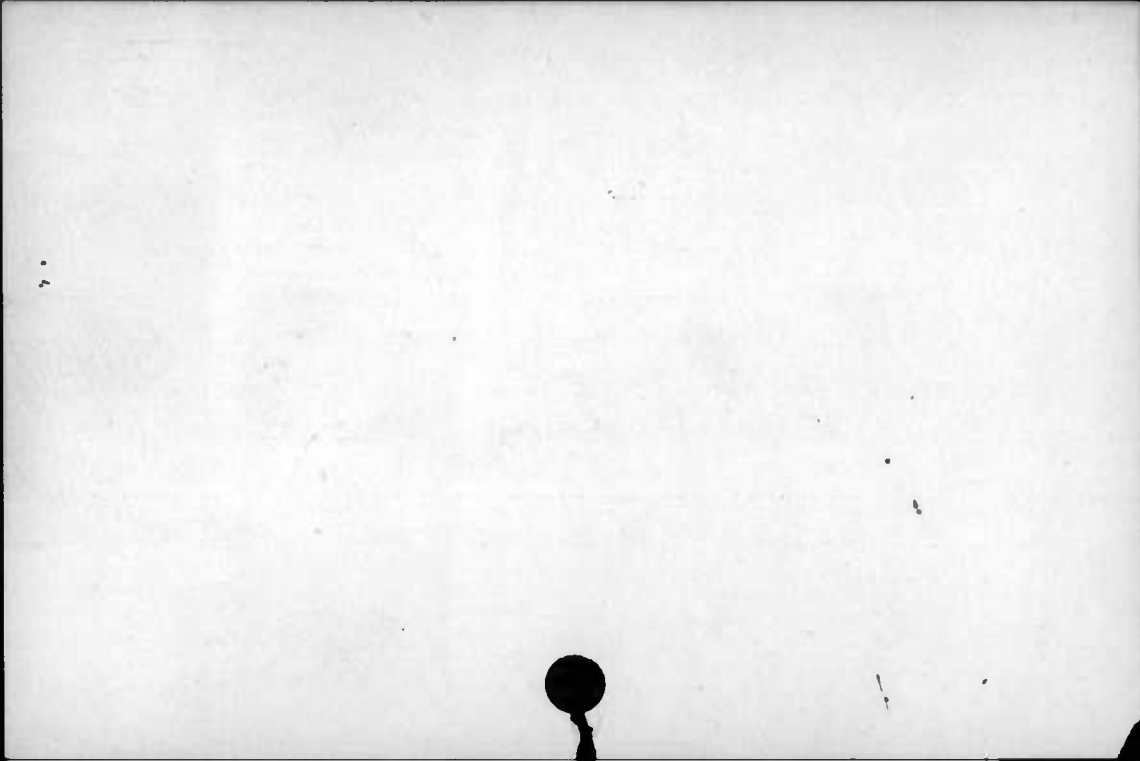
Died at <i>St. Margaret's</i>		Town <i>St. Margaret's</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>23</i>	Age <i>69</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>German</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Beitzel</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>do Charles Beitzel</i>		How related to deceased <i>Brother in Law</i>					

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Meningeal Tumor</i>	How long <i>18 Months</i>
Immediate <i>Cerebra</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Ridout</i>
	Address <i>Annapolis Md.</i>
	<i>R. H. Co. No 1</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Wayson

Town McKendree County Anne Arundel MARYLAND

Died at McKendree June 20 1908

Date of death 1908 Aug. 20 Age 0 Years 0 Months 2 Days

Sex Male Color or Race White Birth-place Ind.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Chas. Wayson Father's Birthplace Ind.

Mother's Maiden Name Agnes Grabant Mother's Birthplace Ind.

Name of person giving information Chas. Wayson How related to deceased Father

## CAUSES OF DEATH

109

PHYSICIAN  
OR CORONER

Primary Intestinal Haemorrhage How long 2 days

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. H. Perrié

Address McKendree, Ind.

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Adolph Welter

CERTIFICATE OF DEATH

46

TO BE ANSWERED BY  
NEAREST FRIEND

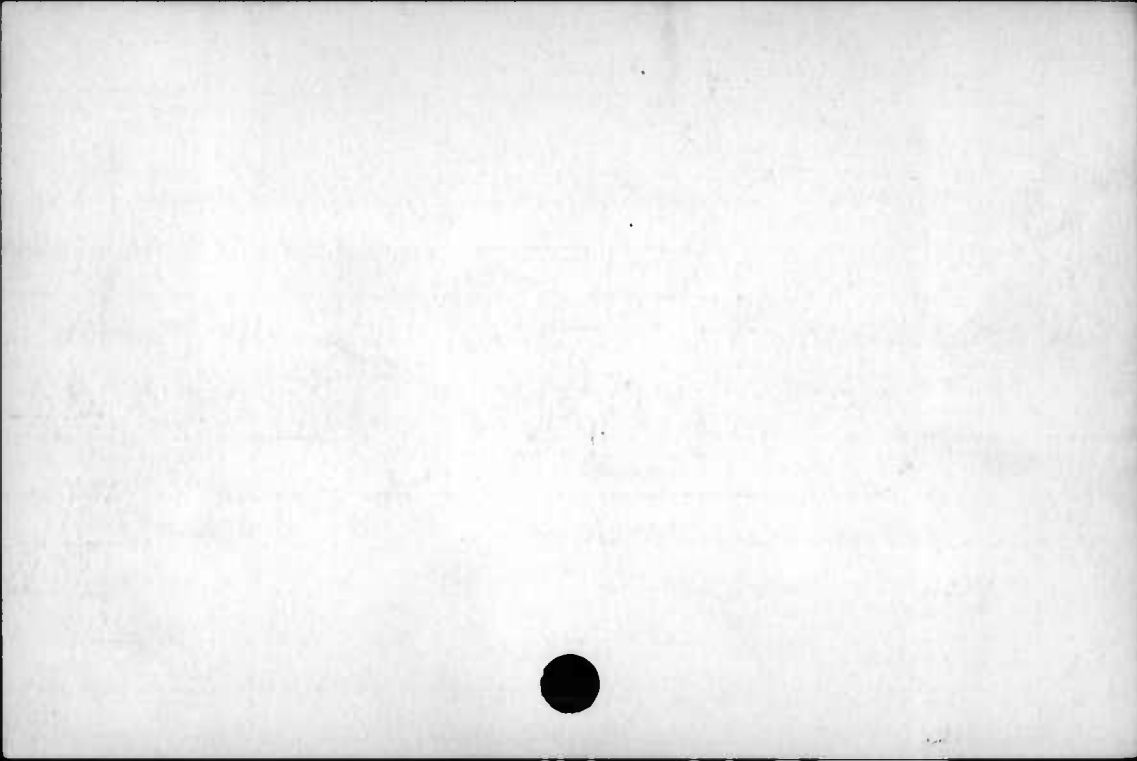
Died at <i>Solleys</i> Town		<i>Anne</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>14</i>
Age	<i>34</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Labor</i>	Where Residing if not at place of death <i>113 Parkin St Balt</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Walter Acton</i>			How related to deceased	<i>Friend</i>

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Accidental drowned</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John C. Potter Coroner</i>
		Address	<i>Brooklyn A A Co Md</i>
Accident or Suicide?			



Name in Full		Agnes White		TOWN		County		ARMIGER		MARYLAND	
Died at		Armiger		Date of death		1908		Month		Aug.	
Day		21		Age		—		Years		Months	
Sex		Female		Color or Race		Black.		Birth-place		St. Marys Co.	
Occupation				Where Residing if not at place of death		Armiger					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Frank White		Father's Birthplace		St. Mary Co					
Mother's Maiden Name		Jamie Barnes		Mother's Birthplace		"		"		"	
Name of person giving information		Frank White		How related to deceased		Father					
				CAUSES OF DEATH							
Primary		Summer complaint		How long		6 weeks					
Immediate		Exhaustion		How long		Immediate					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		James S. Bichugilek MD					
				Address		Armiger					
Accident or Suicide?		No									





Name in Full		Mary E. Whittington				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		A. A.					
		Date of death	1908	Month	Aug.	Day	30	Years	
		Age		10		Months		23	
		Sex		Female		Color or Race		White	
		Birth-place		St. Margaret		Occupation			
		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Edward Whittington		Father's Birthplace		A. A. Co. Md.			
Mother's Maiden Name		Rebecca Boorwick		Mother's Birthplace		Anne Arundel Co.			
Name of person giving information		Edward Whittington		How related to deceased		Father			
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">14</div>					
PHYSICIAN OR CORONER		Primary		Spontaneous		How long			
				one week					
		Immediate		Exhaustion		How long			
				2 days					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. D. Ridout M.D.	
				Address		Annapolis Md.			
						R. F. B. No 1			
Accident or Suicide?									

(14)



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name: *Elizabeth Anna Weinberg*

Town: *Frostburg* County: *Allegheny* MARYLAND

Died at: *Frostburg*

Date of death: *1908* Month: *Aug* Day: *19* Age: *23* Years Months: *—* Days: *—*

Sex: *Female* Color or Race: *White* Birth-place: *Germany*

Occupation: *Housekeeper* Where Residing if not at place of death: *—*

Married, Single or Widowed: *Widow* Name of Wife or Husband: *Sty. Weinberg*

Father's Name: *Unknown* Father's Birthplace: *Germany*

Mother's Maiden Name: *Unknown* Mother's Birthplace: *Germany*

Name of person giving information: *Herman Kroll* How related to deceased: *brother*

CAUSES OF DEATH

**106**

PHYSICIAN  
OR CORONER

Primary: *Illis-colitis* How long: *2 weeks*

Immediate: *Acute gastro-enteritis* How long: *18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician: *Chas. Frostburg*

Address: *Frostburg*

Accident or Suicide? *No*

Hafer

Ally Bern